

APPLICATION FOR ADMISSION

OFFICE USE ONLY

Expected Entry Date Admission Rep. Initial

Columbia College student education records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. Written student consent is required for access and release of information defined as educational records in federal and state law. A student's directory information (name, address, telephone number, date and place of birth, program of study, enrollment status, participation in officially recognized activities and sports, weight and height of members of athletic teams, dates of attendance, degrees and awards received, and most recent education institution attended) may be released upon request unless the Admissions and records office receives written notification that a student reserves the right to authorize in writing, on an individual request basis, the access and release of the directory information. Columbia College does not discriminate on the basis of race, color, religion, national origin, sex, age, or disability. The College complies with the Civil Rights Act of 1964, related executive orders 11246 and 11375, Title IX of the Education Amendments Act of 1972, Sections 503 and 504 of the Rehabilitation Act of 1973, Section 402 of the Vietnam Era Veteran's Readjustment Assistance Act of 1974 and all Civil Rights Laws of the state of Virginia.

PERSONAL INFORMATION

Last (Family) Name		Middle Name				
Date of Birth (mm/dd/yyyy)	Social Security N	Social Security Number		Gender		
/ /	-	-	G Female	□ Male		
Current Mailing Address (if different Street	than permanent addres	s)	Email			
City	State	Zip Code	Contact Number			
Citizenship		Ethnic Origin				
U.S. Citizen Dermanent Reside	—	□ African American □ Asian or Pacific Islander				
 Non-Resident Alien Visa Type: Country of Citizenship: 		American Indian or Alaskan Native				
Place of Birth:City	, Country	Hispanic o White, No		□ Other		

ENROLLMENT PLAN

Program Start		-	February August	MarchSepter	-	AprilOctober	MayNovemb	□ June December
P R O G R A M S	Language Training	□ ESL □	Online ESL	ine ESL		Morning	Evening	U Weekend
	Certificate Courses	 Dental Lab Technolog Culinary Arts 	gy 🗆 Cosmetolog		Massage Compute	15	Massage TherapyTESOL	C.E.
	Associate Degrees	 Dental Lab Technolog Business Administrat 			Massage Teaching	15		Culinary Arts Sechnical and Business English

EDUCATIONAL HISTORY								
Primary Language:	English	• Other:						
I have taken the following	g examinations:		ACT 🛛 TOEFL	🗆 CaN	MLA (Cambridge Michigan Lang	guage Assessments)		
High school Information:	 High School Home School GED 		urrently enrolled)					
Name of High School		City, State / Country			Dates Attended (mm/yyyy - mm/yyyy)	Graduation Date		
		ADMISSI	ONS INFORM		ON			
*	 full-time (18+) part-time (less 		or 12+credits per t ts per term)	ærm) stu	ıdent.			
Do you plan to apply for federal student aid (FAFSA)?					□ Yes □ No			
U.S. Military status:	□ No Military Se	rvice 🛛 Active-duty			□ Reserve / National Guard			
C	□ Veterans		Spouse / Depender	nt				
Do you plan to apply fo	or Veterans Educ	ation benefits o	r Tuition Assisitant	?	🗆 Yes 🗖 No			
this application I certify that al	n must be complet Il entries on this ap	ted, signed, and s	submitted to the Adn	to the be	is form, I acknowledge and ag Office with application fee. est of my knowledge. I underst om the college.			
Signature:					Date:			