

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	First Name	Middle Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (mm/dd/yyyy)	Social Security Number	Gender
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male

Current Mailing Address (if different than permanent address)	Email
Street <input type="text"/>	<input type="text"/>

City	State	Zip Code	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Citizenship

U.S. Citizen Permanent Resident Alien A# _____
 Non-Resident Alien Visa Type: _____
 Country of Citizenship: _____
 Place of Birth: _____
City Country

Ethnic Origin

African American
 Asian or Pacific Islander
 American Indian or Alaskan Native
 Hispanic or Latino
 White, Non-Hispanic Other

ENROLLMENT PLAN

P R O G R A M S	Program Start	<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December
	Language Training	<input type="checkbox"/> ESL <input type="checkbox"/> Online ESL <input type="checkbox"/> TOEFL <input type="checkbox"/> Morning <input type="checkbox"/> Evening <input type="checkbox"/> Weekend
	Certificate Courses	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Massage Therapy C.E. <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Nurse Aide <input type="checkbox"/> Computer Basic <input type="checkbox"/> TESOL
	Associate Degrees	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Business Administration <input type="checkbox"/> Computer Science <input type="checkbox"/> Teaching English for Early Childhood <input type="checkbox"/> Technical and Business English

