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| C:\Documents and Settings\user\My Documents\Messenger 받은 파일\CC_SCHOOL_LOGO.jpg |  | Tysons Campus8620 Westwood Ctr Dr.Vienna, VA 22182TEL. 703-206-0508 | Centreville Extension5940 Centreville Crest LaneCentreville, VA 20121TEL. 703-266-0508 | Silver Spring Extension12125 Veirs Mill RoadSilver Spring, MD 20906TEL. 301-929-0565 |
| COLUMBIA COLLEGE |  |

1. ***Course Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Course Number | Course Title | Number of Credits/hrs | Course Type |
|  |  |  | □In-resident □Online |
|  |  |  | □In-resident □Online |
|  |  |  | □In-resident □Online |
|  |  |  | □In-resident □Online |
|  |  |  | □In-resident □Online |
|  |  |  | □In-resident □Online |

|  |  |
| --- | --- |
| Session: | [ ] 2017 – Spring [ ] 2017 – Spring II [ ] 2017 – Summer [ ] 2017 – Summer Mini [ ] 2017 – Fall [ ] 2017 – Winter |

1. ***Student Information***

Student Name: \_\_\_\_ \_\_\_ \_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_ \_/\_ \_\_\_/ \_

 *Last First Middle Month Date Year*

Student ID: \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ Intended Program: \_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_

*Please indicate if you are:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Gender: | [ ] Male [ ] Female  | Status: | [ ] New Student [ ] Returning Student | Ethnicity: | [ ] American Indian[ ] Asian[ ] Black/African American[ ] Hispanic/Latino[ ] White[ ] Others: \_ \_ |
| Citizenship: | [ ] U.S. Citizen[ ] Resident Alien[ ] Non-Resident Alien Visa Type: \_\_  |

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street City State ZIP*

Phone: \_(\_\_\_\_\_ \_ ) \_\_\_\_ \_ Email: \_\_\_\_

Student Signature: \_ \_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ \_\_\_\_\_ Date: \_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registrar’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_ Date: ­ \_ \_ \_\_\_\_\_\_\_

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| **Office Use Only***All students are required to make satisfactory payment arrangements at the time of registration. Any registrations not accompanied by the proper payment option will not be processed.* |
| Payment Source: | [ ] FA[ ] Agency[ ] VA[ ] Self-pay | Payment Type: | [ ] Cash[ ] Check[ ] Credit Card | Payment: | [ ] Full [ ] Partial | Total Amount: $\_\_\_ \_ \_\_Paid Amount: $\_\_\_ \_ \_\_Balance: $\_\_\_ \_ \_\_ |
| Paid Date: | \_\_ \_ \_/\_ \_ \_ \_/ \_  *Month Date Year* | Office Approval:  | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ |