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| --- | --- | --- | --- | --- |
| C:\Documents and Settings\user\My Documents\Messenger 받은 파일\CC_SCHOOL_LOGO.jpg |  | Tysons Campus  8620 Westwood Ctr Dr.  Vienna, VA 22182  TEL. 703-206-0508 | Centreville Extension  5940 Centreville Crest Lane  Centreville, VA 20121  TEL. 703-266-0508 | Silver Spring Extension  12125 Veirs Mill Road  Silver Spring, MD 20906  TEL. 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: ­ \_ \_ \_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ | |