

**APPLICATION FOR ADMISSION**  
**INTERNATIONAL STUDENT**



**OFFICE USE ONLY**  
Expected Entry Date      School 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**

**Date of Birth (mm/dd/yyyy)**      **Gender**      **E-mail Address**

Female       Male

**Permanent Address**  
Street

**City**      **Province / Territory**      **Country**      **Zip Code**

**Current Mailing Address**  
Street

**City**      **State**      **Zip Code**      **Phone Number**

**Citizenship**      **Ethnic Origin**

Country of Citizenship: \_\_\_\_\_

Place of Birth: \_\_\_\_\_, \_\_\_\_\_  
City      Country

Black or African American  
 Asian or Pacific Islander  
 American Indian or Alaska Native  
 Hispanic/Latino  
 White, Non-Hispanic       Other

**PROGRAM PLAN**

<b>Program Start</b>	<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	
<b>P R O G R A M S</b>	<b>Language Training</b>	<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
	<b>Certificate Courses</b>	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Dental Lab Technology	<input type="checkbox"/> Massage Therapy		
	<b>Associate Degrees</b>	<input type="checkbox"/> Dental Lab Technology	<input type="checkbox"/> Cosmetology	<input type="checkbox"/> Culinary Arts	<input type="checkbox"/> Business Administration		
	<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			

## EDUCATIONAL HISTORY

**Primary Language:**      English      Other: \_\_\_\_\_

**I have taken the following examinations:**    TOEFL    ACCUPLACER    IELTS    CaMLA (Cambridge Michigan Language Assessments)

**High school Information:**    High School (graduated or currently enrolled)  
     Home School  
     GED

**High school, colleges, and universities information** (List the most recent first)

Name of the Institution	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Degree Earned

## FAMILY INFORMATION FOR F2 / M2 VISA APPLICANTS

Name		Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth (City, Country)	Gender
Last (Family) Name	First Name				
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male
			/ /	,	<input type="checkbox"/> Female <input type="checkbox"/> Male

I, \_\_\_\_\_, hereby state that by signing this form, I acknowledge and agree as follows:

This application must be completed, signed, and submitted to the Admissions Office.

I certify that all entries on this application are complete and accurate to the best of my knowledge.  
 I understand that falsifying any information on this application could result in dismissal from the college.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_