

APPLICATION FOR ADMISSIONS



OFFICE USE ONLY

Expected Entry Date	Admission Rep.
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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 the access and release of information defined as educational records in federal and state law, unless covered under the conditions listed in 34 CFR § 99.31. A student's directory information (name, address, telephone number, date and place of birth, honors and awards, and dates of attendance) may be disclosed without consent unless the Admissions and Records office receives written notification that the student requests Columbia College not to disclose directory information about them. 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

First Name	Middle Name	Last (Family) 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

Street:

City: State: Zip Code:

Email Address

@

Phone Number

- -

Citizenship

U.S. Citizen Non-Resident Alien (Visa Type:)
 Permanent Resident Alien A#

Ethnic Origin

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

Country of Citizenship:

Place of Birth: City Country

ENROLLMENT PLAN

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
P R O G R A M S	Language Training <input type="checkbox"/> Vocational English as a Second Language (VESL) <input type="checkbox"/> Online VESL
	Certificate Course <input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy
	Associate Degree <input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy <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:** SAT CaMLA (Cambridge Michigan Language Assessments)
- **High school Information:** High School (graduated or currently enrolled) GED

Name of High School	City, State / Country	Dates Attended (mm/yyyy - mm/yyyy)	Graduation Date
		-	/ /

ADMISSIONS INFORMATION

- **I plan to enroll as a** full-time (20+hours per week or 12+credits per term) student.
 part-time (less than 12+credits per term) student.

- **Do you plan to apply for federal student aid (FAFSA)?** Yes No

- **U.S. Military status:** No Military Service Active-duty Reserve / National Guard
 Veterans Spouse or Dependent

- **Do you plan to apply for Veterans Education benefit** Yes No
 If yes, please specify. Montgomery G.I. Bill (Ch.30) Vocational Rehabilitation (Ch.31)
 Post 9/11 G.I. Bill (Ch.33) Survivors and Dependents Education Assistance (DEA)(Ch.35)

- **Do you plan to apply for Tuition Assistance (DOD TA)?** Yes No

I, _____, hereby state that by signing this form, I acknowledge and agree that this application must be completed, signed, and submitted to the Admissions Office with the application fee.

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: _____