



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, Section 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)	Social Security Number			Gender	□ Male	
Current Mailing Address Street				Email		
		7.				
City S	tate		Code	Contact Number	~	
Citizenship]	Ethnic Origin			
U.S. Citizen Permanent Resident Alien A#			 Black or African American Asian or Pacific Islander American Indian or Alaska Native 			
□ Non-Resident Alien Visa Type:						
Country of Citizenship:			□ Hispanic/L			
Place of Birth:,, Country			□ White, Non-Hispanic □ Other			

ENROLLMENT PLAN

Program Start		□ January □ July	FebruaryAugust	□ Marc □ Septe		AprilOctober	MayNovember	JuneDecember
P R O G R A M S	Language Training	□ESL	Online ESL	TOEFL		Morning	Evening	U Weekend
	Certificate Courses	Cosmetology	netology 🗆 Culinary Arts 🗅 Dental sage Therapy C.E. 🗋 Nurse Aide 🖾 TESOI			Lab Technology	🗆 Massag	e Therapy
	Associate Degrees	 Dental Lab Techr Business Admini 	nology Cosmetol stration Computer	0.	□ Culinar □ Teachin		nildhood 🛛 Technica	al and Business English

EDUCATIONAL HISTORY								
Primary Language:	English	Other:						
I have taken the following o	examinations:		CCUPLACER LIEL	TS CaMLA (Cambridge Michiga	1 Language Assessments)		
High school Information:	 High School Home School GED 		currently enrolled)					
Name of High S	chool	City,	State / Country		Attended / - mm/yyyy)	Graduation Date		
		ADMISSI	ONS INFORMA	ATION				
•	full-time (18+l part-time (less	-	or 12+credits per terr ts per term)	n) student.				
Do you plan to apply for	federal student	🗆 Yes	🗆 No					
U.S. Military status: 🔲	rvice	Active-duty	Reserve / National Guard					
	Veterans		Spouse / Dependent					
Do you plan to apply for	· Veterans Educ	ation benefit?		□ Yes	🗆 No			
If yes, please specify. Montgomery G.I. Bill (Ch.30) Vocational Rehabilitation (Ch.31)								
	Dest 9/11 G	.I. Bill (Ch.33)	□ Survivors and	l Dependents Edu	acation Assistance	e (DEA)(Ch.35)		
Do you plan to apply for	Tuition Assista	ince?		□ Yes	🗆 No			
I certify that all e	entries on this ap	plication are cor	reby state that by signin ubmitted to the Admiss nplete and accurate to the a could result in dismiss	he best of my kno	owledge. I unders			
Signature:				Date:				