

APPLICATION FOR ADMISSION
INTERNATIONAL STUDENT



OFFICE USE ONLY
Expected Entry Date _____
School Rep. _____

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** _____

Date of Birth (mm/dd/yyyy) _____ **Gender** Female Male **Student Type**
 Overseas Transfer-in
 Change of Status Change of Program

Permanent Address (Home Country)
 Street: _____ City: _____
 Province/Territory: _____ Country: _____ Postal Code: _____

Current Address _____ **Email Address** _____@_____
 Street: _____
 City: _____ State: _____ Zip Code: _____
Phone Number _____-_____-_____

Citizenship
 Country of Citizenship: _____
 Place of Birth: _____
 City _____ Country _____

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

PROGRAM 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
Associate Degree	<input type="checkbox"/> Dental Lab Technology		<input type="checkbox"/> Culinary Arts		<input type="checkbox"/> Computer Science	
	<input type="checkbox"/> Massage Therapy		<input type="checkbox"/> Business Administration		<input type="checkbox"/> Technical and Business English	
	<input type="checkbox"/> Teaching English for Early Childhood					

EDUCATION HISTORY

- **Primary Language:** English Other: _____
- **I have taken the following examinations:** TOEFL CaMLA (Cambridge Michigan Language Assessments)
- **High school Information:** High School (graduated or currently enrolled) GED
- **High school, College and University Information** (List the most recent first)

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

FAMILY INFORMATION (F2 VISA APPLICANTS)

Name		Relationship	Date of Birth (mm/dd/yyyy)	Country of Birth (City, Country)	Gender
First Name	Last (Family) 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:

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: _____