

## APPLICATION FOR ADMISSIONS



## OFFICE USE ONLY

Expected Entry Date

Admission 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)

 /  / 

Social Security Number

 -  - 

Gender

☐ Female ☐ 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#

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

Emergency Contact

Name	Phone Number	Relationship
First Name <input type="text"/> Last Name <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/>

## 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					
PROGRAMS	Language Training	<input type="checkbox"/> Vocational English as a Second Language (VESL) <input type="checkbox"/> Online VESL <input type="text"/> AM / <input type="text"/> PM <input type="checkbox"/> English as a Second Language (ESL)					
	Certificate Course	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Cosmetology					
	Associate Degree	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Information Technology <input type="checkbox"/> Massage Therapy <input type="checkbox"/> Business Administration <input type="checkbox"/> Early Childhood Education <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, may differ according to programs, 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 GI Bill Active Duty (MGIB-AD-Ch.30) ☐ Post 9/11 G.I. Bill (Ch.33)
- ☐ Survivors and Dependents ☐ Montgomery GI Bill Selected Reserve (MGIB-SR-Ch.1606) 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: \_\_\_\_\_