

## Admissions Initial Consultation

### How did you hear about Columbia College?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Friend / Family                                     | <input type="checkbox"/> Network Marketing<br>- Name: _____                     | <input type="checkbox"/> School Event      |
| <input type="checkbox"/> Official SNS (TikTok, Facebook, YouTube, Instagram) | <input type="checkbox"/> Website Search (Google, Naver, Online Community, etc.) | <input type="checkbox"/> Online News Media |
| <input type="checkbox"/> Newspaper   | <input type="checkbox"/> Radio Advertisement                                    | <input type="checkbox"/> Other _____       |

Contact Methods:  Phone    E-mail    Campus Visit      Date: \_\_\_\_\_

### Personal Information

Student Name: \_\_\_\_\_  Female  Male  
First Name      Middle Name      Last Name

Phone Number: (\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

- 
- U.S. Citizen / Green Card ( FAFSA / Self-Payment / Gi-Bill / Tuition Assistant )
- F-1 ( Initial I-20 Applicant / Change of Status / Transfer )       J-1 ( Au-Pair / etc. )
- Others ( SACM / etc. )
- 

### Program Start

Academic Year: \_\_\_\_\_

Spring I ( A / B )    Spring II ( A / B )    Summer ( A / B )    Fall ( A / B )    Winter ( A / B )

### Program

Language Training	<input type="checkbox"/> Vocational English as a Second Language (VESL) <input type="checkbox"/> Online VESL ( AM / PM ) <input type="checkbox"/> English as a Second Language (ESL)
Certificate Courses	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Cosmetology <input type="checkbox"/> Massage Therapy
Associate Degrees	<input type="checkbox"/> Business Administration <input type="checkbox"/> Technical Business English <input type="checkbox"/> Information Technology <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts

### Note

HS Graduation Year: \_\_\_\_\_      Admissions Representative: \_\_\_\_\_

**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**

<b>First Name</b>	<b>Middle Name</b>	<b>Last (Family) Name</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>

<b>Date of Birth (mm/dd/yyyy)</b>	<b>Gender</b>	<b>Student Type</b>
<input type="text"/>	<input type="checkbox"/> Female <input type="checkbox"/> Male	<input type="checkbox"/> Overseas <input type="checkbox"/> Transfer-in <input type="checkbox"/> Change of Status <input type="checkbox"/> Change of Program

**Permanent Address (Home Country)**

Street: \_\_\_\_\_ City: \_\_\_\_\_

Province/Territory: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

<b>Current Address</b>	<b>Email Address</b>
Street: _____	<input type="text"/>
City: _____ State: _____ Zip Code: _____	<b>Phone Number</b>
	<input type="text"/>

<b>Citizenship</b>	<b>Ethnic Origin</b>
Country of Citizenship: _____	<input type="checkbox"/> Black or African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Hispanic, Latino <input type="checkbox"/> White (Non-Hispanic) <input type="checkbox"/> Other
Place of Birth: _____ City _____ Country _____	

**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>Associate Degree</b>	<input type="checkbox"/> Dental Lab Technology <input type="checkbox"/> Culinary Arts <input type="checkbox"/> Information Technology <input type="checkbox"/> Early Childhood Education <input type="checkbox"/> Business Administration <input type="checkbox"/> Technical and Business English
<b>Language Training</b>	<input type="checkbox"/> English as a Second Language (ESL)

**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: \_\_\_\_\_





Tysons Campus  
8620 Westwood Center Dr.  
Vienna, VA 22182  
TEL. 703-206-0508

## INTERNATIONAL STUDENT ENROLLMENT ACKNOWLEDGEMENT

### 1. Attendance

F1 non-immigrant visa students must be enrolled in classes full-time, at least 18 hours per week or 12 credits per session. Any student who has excessive absence will be reported to SEVIS in accordance with the United States Citizenship and Immigration Service regulation. Columbia College is not responsible for the results of reported students' record. Any student who needs to miss a class for a medical reason must submit either a doctor's note describing the medical conditions or an appointment notice.

### 2. Vacation

F1 visa students at Columbia College must comply with School's vacation policy, which is taking a 10-week vacation after completing at least 30 weeks (3 sessions) of study. Students must submit a vacation request form and pay a tuition deposit for the returning session. Before filling out the vacation request form, students should check with the international student advisor to review their records. The vacation deposit is refunded except for the \$200 cancellation fee when the vacation request is canceled before the vacation start date. Once the vacation start date is passed, refund will be made according to the school refund policy.

### 3. Immigration Policy – Change of Address

It is important to update the current address to the International Student Office. All non-immigrant residents in the United States must report any address change to USCIS within 10 days after such change. Failure by a non-immigrant resident to report a change of address is considered as misdemeanor and incurs a penalty. Information can be found on [www.uscis.gov](http://www.uscis.gov) and search for form AR-11.

### 4. School Transfer

Any student who obtained an I-20 through Columbia College should attend classes for the stated period in his/her enrollment agreement. To successfully progress in the program enrolled it is necessary to attend at least 20 weeks (2 sessions) minimum before requesting a transfer-out. Students who plan to transfer out must notify the intention to the College at least 5 weeks prior to the tentative transfer-out date. Students who either dropped out of registered classes or have excessive absence may be terminated at the time of transfer.

**5. Miscellaneous**

Students who need an attendance certificate or transcript must complete a document request form, available at the International Student Office. Normal processing time is 2-3 business days.

**Agreement:**

I \_\_\_\_\_ hereby agree to abide by all school policies and immigration laws/regulations while attending classes at Columbia College. By doing so, I will successfully maintain my non-immigrant F1 visa status.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date



**COLUMBIA COLLEGE**  
 8620 Westwood Center Drive  
 Vienna, Virginia 22182  
 703-206-0508

**Form020-003**  
**Rev. 12/2025**

## STUDENT ENROLLMENT AGREEMENT

Student Name: \_\_\_\_\_  
First Name Middle Name Last Name

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ SSN: \_\_\_\_\_

I agree to enroll in the \_\_\_\_\_ of Columbia College. The beginning date is  
Program Name/ Credential  
 \_\_\_\_\_ and the expected completion date is \_\_\_\_\_.  
MM/DD/YYYY MM/DD/YYYY

The total expected number of program hours/credits is \_\_\_\_\_.

The transferability of credit and credentials earned is at the sole discretion of the receiving institution. For enrollees in programs leading to professional licensure, annual pass rates for the last three years of massage therapy were 81%, 100%, and 71% respectively. For Cosmetology, the licensure pass rates for the past 3 years are N/A, N/A and 100% respectively.

For students enrolling in the 750-Hour Massage Therapy Program, the program (i) will exceed the instructional hours required for licensure in Virginia (ii) this may involve increased costs relative to a program designed for licensure in Virginia, and (iii) the program has been designed specifically to comply with Maryland's licensure requirements. Virginia only requires 500 hours for licensure.

**<OFFICIAL ONLY>**

Estimated Cost	APPLICATION FEE	\$ _____
	TUITION	\$ _____
	BOOKS/SUPPLIES	\$ _____
	OTHER	\$ _____
	<b>TOTAL COST</b>	\$ _____

### TUITION PAYMENT

All students must make the first tuition payment and register for a class by or on the last day of the registration period. Students may not be allowed to enter or continue attending class without tuition payment.

### STUDENT'S RIGHT TO CANCEL

Students may cancel the Enrollment Agreement within 3 days (Saturdays, Sundays, legal holidays or days when the College is closed not included) of signing the agreement and obtain a full refund of all amounts paid for tuition, if the student has not actually attended classes except the application fee \$100 which is non-refundable. Following the cancellation period, an applicant may cancel his/her enrollment agreement, by written notice, at any time prior to the first day of class for which application was made and the student may obtain a full refund except the application fee \$100.



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### **REFUND POLICY**

1. The entire amount except the application fee paid by the student will be fully refunded (within 45 days of the class start date) if the student chooses not to enroll before the first day of instruction or withdraws during the add/drop period.
2. If a student decides to withdraw or drop out after the add/drop period, refunds will be made according to the following schedule:

Proportion of Total Course Taught by Withdrawal Date	Tuition Refund
Through 25%	50% of course cost
After 25% through 50%	25% of course cost
After 50%	No Refund

3. If the school closes, cancels, or discontinues a course or program, the full amount of tuition and fees will be refunded to all enrolled students (within 45 days of the planned start date).
4. Refunds will be determined based on the last attendance date.
5. If a student fails to return to the program by the end of a temporary leave of absence, the refund amount will be determined based on the date of withdrawal or termination and will be paid within 30 days from the last day of leave of absence.
6. All refunds due will be paid within 30 days of the student's last day of attendance.
7. Purchased books are students' property and they are not refundable unless they are returned before classes begin.

\*All refunds, when due, are made without requiring a request from the student.

\*\* Federal Student Aid will be refunded according to the Federal Refund Policy found in the regulations.

### **COMPLAINT PROCEDURE AND GRIEVANCE POLICY**

#### **1. Purpose**

Columbia College is committed to providing a fair, respectful, and transparent learning environment. This Complaint and Grievance Policy outlines the formal process for students to raise concerns, ensuring timely, professional, and equitable resolution in compliance with state and accreditation standards.

#### **2. Filing a Formal Complaint**

To initiate a complaint, students must complete a formal complaint form, which requires the following information:

- Type of complaint:
  - **Academic:** Concerns regarding registration, advising, course content, grading, instruction, or faculty conduct.
  - **Financial Aid:** Issues related to financial aid processing, awards, or disbursements.
  - **Student Services:** Concerns regarding student support services
  - **Environmental:** Issues related to the physical campus environment including health and safety concerns.
  - **General:** Any other concerns not covered under the specific categories above.
- A clear description of the issue or concern
- Any relevant supporting documentation (if applicable)

The complaint form is obtained through the designated point of contact (POC) in the following table. Completed complaint forms should be submitted to the appropriate POC based on the nature of the issue as shown for review and investigation.



8620 Westwood Center Drive  
Vienna, Virginia 22182  
703-206-0508

Below are the designated contacts:

Point of Contact (POC)	Contact:	Type of Complaint
<b>Program Coordinator or Director</b>	Room 201 - Academic Programs <a href="mailto:ailleel@ccdc.edu">ailleel@ccdc.edu</a> - ESL: <a href="mailto:katerinel@ccdc.edu">katerinel@ccdc.edu</a> - Online VESL: <a href="mailto:jenniferk@ccdc.edu">jenniferk@ccdc.edu</a> - VESL: <a href="mailto:vesl@ccdc.edu">vesl@ccdc.edu</a>	Academic-related
<b>Director of Financial Aid</b>	- <a href="mailto:financialaid@ccdc.edu">financialaid@ccdc.edu</a>	Finance-related
<b>Business Office</b>	- <a href="mailto:arank@ccdc.edu">arank@ccdc.edu</a>	
<b>Director of Student Services</b>	Room 201 <a href="mailto:studentservices@ccdc.edu">studentservices@ccdc.edu</a>	Student Services or General (Environmental, Health, Safety, Facilities, etc.)

Upon receiving a complaint, the POC will acknowledge the complaint within 3 business days and provide an estimated timeline for resolution.

### 3. Investigation and Resolution Process

- 1) **Investigation:** The POC will investigate the complaint thoroughly, gathering relevant information and consulting with appropriate staff members as needed.
- 2) **Resolution:** Once the investigation is complete, the POC will notify the student of the findings and any actions that will be taken to address the issue. If a resolution is reached, the student will be informed of the outcome and any corrective steps taken.
- 3) **Follow-up:** The POC may follow up with the student to ensure the resolution was effective and the issue has been satisfactorily resolved.

### 4. Appeal Process

If the student is not satisfied with the resolution of their complaint, they may appeal the decision by submitting a written appeal to the school’s Dean within 5 business days of receiving the resolution. The appeal should clearly outline the reasons for the appeal and any additional supporting documentation. The committee will review the appeal and provide a final decision, which will be communicated to the student in writing.

### 5. External Appeals

If the student is dissatisfied with the final outcome of the internal complaint or grievance process, they may escalate the complaint to the following:

- **Council on Occupational Education (COE):** Complaints may be filed with the COE if the grievance cannot be resolved at the institutional level.

The Council on Occupational Education (COE)  
7840 Roswell Road Building 300, Suite 325  
Atlanta, GA 30350  
Tel: (770) 396-3898, Fax: (770) 396-3790  
Website: <https://council.org/>



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- **State Council of Higher Education for Virginia (SCHEV):** Students may contact council staff to file a complaint about the school as a last resort.

The State Council of Higher Education for Virginia (SCHEV)  
James Monroe Building 10th Floor  
101 N. 14th Street  
Richmond, VA 23219  
Tel: (804) 225-2600, Fax: (804) 225-2604  
Website: <https://www.schev.edu/>

- **Commission on English Language Program Accreditation (CEA):** Students may contact CEA to file a complaint about the English as a Second Language if complaints cannot be resolved by the program and college.

Commission on English Language Program Accreditation  
1001 North Fairfax Street, Suite 630  
Alexandria, VA 22314  
Tel: (703) 665-3400  
Website: <https://www.cea-accredit.org/>

\*Students who initiate a complaint will not be subject to unfair actions by the school.

**For any questions or assistance with filing a complaint, please contact the appropriate point of contact listed above.**

**STUDENT ACKNOWLEDGEMENT**

I have read and understood the enrollment agreement. I understand that this is a legally binding agreement. My signature below certifies that I have read, understood and agreed with my rights and responsibilities. Further, I certify that I understand the cancellation and refund policies and I understand and agree to these policies. I attest that I am at least 18 years of age. I understand that I will pay the tuition and fee amount. I have been advised to keep a copy of this document as well as copies of all financial documents.

By signing below, I also certify that I have been provided access to the school’s electronic or print catalog, bulletin, or brochure. The grievance policy is included in the catalog and student handbook.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT  
(IF APPLICANT IS A MINOR)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SCHOOL OFFICIAL

\_\_\_\_\_  
DATE

Columbia College is certified to operate in Virginia by the State Council of Higher Education for Virginia (SCHEV).

101 N. 14th Street, 10th Floor, James Monroe Building  
Richmond, VA 23219  
Phone: 804-225-2600

# CHANGE OF STATUS APPLICANTS' AGREEMENT

Form 050-005  
Rev. 05/2024



COLUMBIA COLLEGE

## PLEASE READ:

The following rules apply to all the prospective students who request Change of Status;

1. Students whose application status shows eligible to study in the U.S. including A, G, and J must start studying the program as of the date on the student's I-20. Individuals with B1/B2, M2, and F2 visas must take ESL classes part time in recreational manner for 2 sessions. Those who are assigned to 302 level from the placement test are required to take 302 part time for 2 sessions.

2. If students cancel a request for a Change of Status or the request is denied, for any reason in the middle of the case being processed, a refund will be made according to the following schedule:

Cancel before the program start date on the student's I-20	Deduct \$200 from the deposit
Cancel after the first program start date on the student's I-20	No refund

3. The student who gets his/her F-1 status request approved should report it to school immediately and enroll for classes as of the program start date on the I-20.

Applicant's Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender:     Male     Female  
*Month Date Year*

Address: \_\_\_\_\_  
*Street City State ZIP*

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_      Email: \_\_\_\_\_

*By signing below, I fully understand the regulations above and agree that failure to enroll may lead to denial of my admission.*

Student's Signature: \_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

### **For Office Use Only**

Signature of School Representative:

\_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

Director's Signature: \_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

# CHANGE OF STATUS REQUEST FORM

Form 050-007  
Rev. 09/2025



COLUMBIA COLLEGE

Tysons Campus  
8620 Westwood Center Dr.  
Vienna, VA 22182  
TEL. 703-206-0508

## 1. Applicant' Information:

Applicant's Name: \_\_\_\_\_  
*Last First Middle*

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Gender:     Male     Female  
*Month Date Year*

Address: \_\_\_\_\_  
*Street City State ZIP*

Phone: (\_\_\_\_\_) \_\_\_\_\_      Email: \_\_\_\_\_

Nationality: \_\_\_\_\_

Program: \_\_\_\_\_

Current Status of student: (Check one):

B1/B2/F2     Other: \_\_\_\_\_

Campus: \_\_\_\_\_ Start Date (if applicable): \_\_\_\_\_

## 2. Signatures Required:

Applicant's Signature: \_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

Advisor Name & Title: \_\_\_\_\_

Advisor Signature: \_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*

### For Office Use Only

Change of Status Approval Date: \_\_\_\_\_

Program Start Date: \_\_\_\_\_

Student ID: \_\_\_\_\_

#### Related Departments:

\*Please Initial     International Students Office \_\_\_\_\_     Business Office \_\_\_\_\_

Academics \_\_\_\_\_     Admission \_\_\_\_\_     ESL \_\_\_\_\_     Offline VESL \_\_\_\_\_

#### School Approval:

Registrar's Signature: \_\_\_\_\_      Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Month Date Year*