

# APPLICANT INFORMATION

<b>Name</b> _____ <i>Last First Middle</i>			<b>FOR OFFICE USE ONLY</b> Receipt No. _____ Date Rec'd _____	
<b>U.S. Social Security Number</b> _____ <i>(If available)</i>		<b>Place of Birth</b> _____ <i>City &amp; Country</i>		<b>Country of Citizenship</b> _____
<b>Permanent Address</b> _____ <i>(In home country)</i>		<b>Number and Street</b> _____	<b>Telephone</b> _____	<b>Home Telephone (Country Code &amp; City Code &amp; Numbers)</b> _____
_____ <i>City</i>		_____ <i>State</i>	_____ <i>Zip</i>	_____ <i>Country</i>
<b>Mailing Address</b> _____ <input type="checkbox"/> <i>(or check if same as above)</i>		<b>Number and Street</b> _____		<b>Telephone (Country Code &amp; City Code &amp; Numbers)</b> _____
_____ <i>City</i>		_____ <i>State</i>	_____ <i>Zip</i>	_____ <i>Country</i>
<b>Former/Maiden Name (if applicable)</b> _____ <i>Last First</i>				
<b>E-mail address</b> _____		<b>Date of Birth</b> _____ <i>(Month, day, year)</i>	<b>Sex</b> (M) <input type="checkbox"/> Male (F) <input type="checkbox"/> Female	
<b>Native Language</b> _____ <i>Specify</i>				
<b>Immigration Status</b>		<b>Ethnic Origin (Check all that apply)</b>		
(C) <input type="checkbox"/> U.S. Citizen		<i>Ethnic origin optional for admission but required prior to enrollment</i>		
(A) <input type="checkbox"/> Non-Resident Alien		(B) <input type="checkbox"/> Black or African-American	(H) <input type="checkbox"/> Hispanic or Latino	
(R) <input type="checkbox"/> Resident Alien		(I) <input type="checkbox"/> American Indian or Native Alaskan	(W) <input type="checkbox"/> White	
		(A) <input type="checkbox"/> Asian or Pacific Islander	(M) <input type="checkbox"/> Multi-Racial	
<b>If you are currently in the U.S., your immigration status (check one):</b> <input type="checkbox"/> FI International Student <input type="checkbox"/> Other (Specify) _____				

# DEPENDENT INFORMATION

Do you plan to bring a spouse or a child with you to Columbus, Georgia?  No  Yes If yes, please list name(s), relationship to you, country, and date of birth:

**1. Relationship:**  Child  Spouse  Other \_\_\_\_\_ **Sex**  Male  Female

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
*Last First Middle*

**Address** \_\_\_\_\_  
*Number and Street Telephone (include area code)*

\_\_\_\_\_ *City State Zip Country (if not U.S.)*

**2. Relationship:**  Child  Spouse  Other \_\_\_\_\_ **Sex**  Male  Female

**Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
*Last First Middle*

**Address** \_\_\_\_\_  
*Number and Street Telephone (include area code)*

\_\_\_\_\_ *City State Zip Country (if not U.S.)*

# ADDITIONAL INFORMATION

1. How did you first learn of Columbus State University?  Friend who attends  Family members who attend  Internet (Specify) \_\_\_\_\_  
 Information mailed to my home  High School Advisor  International Publication (Specify) \_\_\_\_\_

2. Have you applied to Columbus State University before?  Yes  No If yes, for what semester and year? \_\_\_\_\_ Last name then \_\_\_\_\_

3. Year and semester you plan to enter:  Fall 20 \_\_\_\_\_  Spring 20 \_\_\_\_\_  Summer 20 \_\_\_\_\_

4. Have you ever been convicted of anything other than a traffic violation?  Yes  No If yes, explain on a separate sheet.

5. State briefly why you want to attend Columbus State University's American English Program: \_\_\_\_\_

6. If you will need special services while on campus because of a disability, please contact our Office of Disability Services at (706) 568-2330.

All applications and documents required must be received in the Admissions Office by the published deadline date.

# CERTIFICATION

I agree to abide by Columbus State University regulations. I certify that the information furnished in this application is complete and true.

Signature \_\_\_\_\_ Date \_\_\_\_\_