



Local Student Application

(For U.S Resident or Green Card Holder)

Please fill out this form as accurately as you can.

Name: _____

Last

First

Middle Name

Home Address: _____

Street

City/State

Country

Zip/Postal Code

Phone Number: _____

Home

Cell

Work

Gender: Female Male U.S Citizen? Yes No Are you an Oregon resident? Yes No

Email Address: _____ Date of Birth: ____/____/____

Are you a: New Student Continuing Student Returning Student - Last Term of Attendance: _____

First Language _____ Highest Degree Earned _____

Nationality _____ Type of Visa _____

Why are you studying English?

For my current job To get a new job To go to a University or College Other: _____

How long do you plan to study at Columbia?

3 months 6 months 9 months more than 9 months

When would you like to begin classes?

January 8, 2014 April 2, 2014 June 25, 2014 September 24, 2014

Which program are you applying for?

Standard Intensive Premier Part-time

Have you studied in another ESL program? Yes No

Where? _____

How did you learn about Columbia School of English?

Internet Search Email Friend or Family Advertising Other: _____

I have filled out this form to the best of my ability.

Student Signature

Date

Once this application has been completed you may bring it to our school in person, email to info@cs.edu or fax it to 503.775.4967

Columbia School of English

ATTN: Alyse Topel

International Admissions Advisor

9237 SE Powell Blvd. Portland OR 97266

OFFICE USE ONLY

Date Received: _____

Have paid application fee: Y N

Approved: Y N