Return form to: Columbia State Community College
Office of Admissions
1665 Hampshire Pike
Columbia, TN 38401
Phone: 931-540-2790
TDD Relay Number: 800-848-0298
Fax: 931-560-4125

Web Admissions Application Signature Page

Name: _____ _____ ____
Last First MI

Date of Birth: _____ Social Security Number*: _____-_____-_____
Month/Day/Year

SEMESTER AND YEAR:_____

PLEASE NOTE: A $10 application fee is required to process your application if you are a new applicant.

PLEASE CHECK ONE: First Admission_____ ($10 fee required) Readmission _____ (no fee required)

Did you pay the application fee online?_____ Did you include a check with this signature page?_____

NOTICE: If you are accepted as a student at this institution, there are certain performance tests you will be required to take during your academic career. It is a requirement of admission that you agree to take any tests deemed necessary by the institution. Any instances where tests are administered by an external entity, you hereby agree for results of such tests to be released to the institution. This requirement is to comply with the legislature's expressed intent that institutions regularly evaluate and improve instruction at all levels. If you are under 21 years of age and are required by policy to complete placement tests, your scores and course placement may be reported to your high school for research purposes. Any test scores will be treated confidentially as required by law. I understand that withholding information requested on this application or giving false information may make me ineligible for admission to the College or subject to dismissal. With this in mind, I certify that the information I have provided is correct and complete.

Signature of Student:_____ Date:_____

** In accordance with the Privacy Act of 1974, please be advised that the requested disclosure of your Social Security Number is voluntary and optional. Your Social Security Number will not be disclosed to individuals or agencies outside of the institution except in accordance with the institutional policy on student records.*

OFFICE USE ONLY:

Application Fee Payment: Check *Name*_____ *Number*_____ Cash____ Credit Card____