



PARTICIPANT APPLICATION

*Items marked with * are required.*

*Course of Interest
(Select Program First)

* LAST NAME (as it appears on your passport)

*FIRST NAME (as it appears on your passport)

MIDDLE NAME

MAIDEN/OTHER NAME

*GENDER

*DATE OF BIRTH

*AGE

*CITIZENSHIP (Permanent residents must give citizenship on passport)

*STUDENT ID NUMBER (A- number)

*MAJOR

*GPA

*PRESENT ADDRESS

Street

City, State, Zip Code



PERMANENT ADDRESS IF DIFFERENT

Street

City, State, Zip Code

*PRESENT TELEPHONE NUMBERS

Cell

Permanent Number

*E-MAIL ADDRESS

Note: Columbia State will use this email address for all communication about your program.

*CONFIRM E-MAIL ADDRESS

*EMERGENCY CONTACT AND RELATIONSHIP TO YOU

*EMERGENCY CONTACT ADDRESS

*EMERGENCY CONTACT TELEPHONE NUMBER

If you are requesting special accommodations for this course, attach a copy of the Academic Adjustment form from the Disability Services Office.

APPLICANT SIGNATURE

DATE

Submit completed application to the Director of International Education 4 months prior to start date of course.