



APPLICATION FOR ADMISSION

(Please print clearly or type. This form must be complete for your application to be considered)

How Did You Hear About Us?

- ☐ Internet search ☐ Agent (name) _____ ☐ Friend or family member
- ☐ CWC alumni (name) _____ ☐ Current CWC student (name) _____
- ☐ Other (please specify) _____

PERSONAL INFORMATION

Student Name _____ Gender M ☐ F ☐
First Name Last Name

US Address _____
(If Available) Street City State Zip Code

Home Country Address _____
Street City Province/State

Zip Code Country

Telephone _____ E-mail Address _____

Country of Citizenship _____ Date of Birth _____
(MM/DD/YYYY)

City / Country of Birth _____

Emergency Contact _____
Name Telephone Relationship

Educational Level Completed: High School ☐ 2-Year College ☐ University ☐ Post University ☐

Visa Status: F-1 ☐ Other Visa ☐ _____ Legal Resident ☐

If you plan to have your dependents live with you while you are attending CWC, please list them below:

Last Name	First Name	Middle Name	Birthdate (MM/DD/YYYY)	City and Country of Birth	Country of Citizenship	Gender	Relationship
						M / F	
						M / F	
						M / F	

ENROLLMENT INFORMATION

The chart below provides program information only. Information about total program charges for CWC's ESL programs is available in the CWC Catalog and Enrollment Agreement.

TUITION					
PROGRAMS	4 WEEKS	12 WEEKS	24 WEEKS	36 WEEKS	48 WEEKS
Essential English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Essential English Plus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TOEFL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
University Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
English Through American Culture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Part-Time English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PROGRAM START DATES			
	MODULE A	MODULE B	MODULE C
WINTER TERM	<input type="checkbox"/> January 7, 2019	<input type="checkbox"/> February 4, 2019	<input type="checkbox"/> March 4, 2019
SPRING TERM	<input type="checkbox"/> April 8, 2019	<input type="checkbox"/> May 6, 2019	<input type="checkbox"/> June 3, 2019
SUMMER TERM	<input type="checkbox"/> July 8, 2019	<input type="checkbox"/> August 5, 2019	<input type="checkbox"/> September 2, 2019
FALL TERM	<input type="checkbox"/> September 30, 2019	<input type="checkbox"/> October 28, 2019	<input type="checkbox"/> November 25, 2019

HOUSING AND TRANSPORTATION REQUEST

Do you need Housing Assistance? Yes ☐ No ☐ \$150 Placement fee applies. Please ask for a Housing Application Form.

Start Date _____ (MM/DD/YYYY)

End Date _____ (MM/DD/YYYY)

Airport Pick-up? Yes ☐ No ☐

\$85 Airport Pick-Up fee applies. Please ask for an Airport Pick-up Request Form.

Airline/Flight No: _____ (MM/DD/YYYY)

Arrival Date/Time: _____ (MM/DD/YYYY)

PAYMENT

You can pay online at: <https://www.columbiawestcollege.edu/onlinepayment/>

OR provide your credit card information below

☐ Application Fee: \$150.00 ☐ I-20 Mailing Fee: \$75.00 Other: \$ _____ Total: \$ _____

☐ Visa ☐ MasterCard ☐ AmEx Credit Card Number: _____

Exp. Date: ____/____ Zip/Postal Code: _____ CVV: _____ Signature:: _____

SIGNATURE

I acknowledge that I have read, understood and agreed to all the terms in this application. I certify that I will be fully responsible for all expenses, including, but not limited to school, living and medical expenses, while attending Columbia West College.

Applicant Signature _____

Date _____
(MM/DD/YYYY)

Parent or Guardian Signature _____

Date _____
(MM/DD/YYYY)

(Required if applicant is under the age of 18)