



Evening College Reservation Form

Name: _____
Last First Maiden/Middle Initial

Mailing Address: _____
City State Zip Code

SSN: _____ - _____ - _____ Home Number (_____) _____ - _____

Work Number (_____) _____ - _____ Email Address _____

_____ I accept your offer of admission.

_____ I do not accept your offer admission for the upcoming semester but plan to enroll in the _____ semester of 20 ____ .
(fall, spring, summer)

_____ I do not plan to enroll in Columbia College. Please close my admission file.

The Admissions Office is required to file federal and institutional reports for each new class at Columbia College. Please answer each question and return via FAX to 803.786.3393 or by mail to Office of Admissions, 1301 Columbia College Drive, Columbia, SC 29203

_____ African American/Black _____ American Indian or Alaskan Native

_____ Asian or Pacific Islander _____ Caucasian/White

_____ Other (specify) _____

Religious Affiliation: _____

Date of Birth: _____
Month Date Year

Signature _____ Social Security Number _____ Date _____

Equal educational opportunities are offered to applicants regardless of race, color, religion,

