

Return by mail to:
Office of Admissions
1301 Columbia College Dr.
Columbia, SC 29223



SPECIAL STUDENT APPLICATION

Office of Admissions
800.277.1301
803.786.3766
FAX: 803.786.3393

Name: _____
Last First MI/Maiden

Previous names on records: _____ SSN: _____ - _____ - _____

Term of Admission ___Fall ___Spring ___Summer Session I ___Summer Session II ___Extended Summer

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Email Address: _____ -- _____

Date of Birth: ____ / ____ / _____ Birthplace: _____
City State

Race: _____ Country of Citizenship: _____

Mailing Address: _____

City: _____ State: _____ Zip Code _____

Have you previously attended Columbia College? _____ If yes, year of last enrollment: _____

List in order from most recent the high schools and colleges you have attended:

HIGH SCHOOLS AND COLLEGES	YEARS OF ATTENDANCE	DEGREE EARNED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check one: _____ Non-Degree/ Evening College _____ Audit
_____ Non-Degree/ Graduate School _____ Update Teaching Certificate

List the courses you have selected to take in the upcoming semester. This form must be filled out for each semester in which you plan to enroll.

Course Number EX: HIS	Course Number/Section EX: 103-24	Name of Course EX: World Civ. II	Dates

Signature

Date