

International Undergraduate Admission

Application



COLUMBUS STATE
UNIVERSITY

For applicants who are not U.S. citizens or U.S. permanent residents.

If you are a U.S. citizen or have permanent resident status, please contact the CSU Admission Office for a U.S. student application packet.

Office of Admissions • Columbus State University 4225
University Avenue • Columbus, GA 31907-5645
706 507-8800 • toll free 1-866-264-2035

- Please print all information and check the appropriate boxes.
- A one-time \$40 application fee is required.
- All information on this application should match passport.

APPLICANT INFORMATION

U.S. Social Security Number _____ **Name** _____
If available *Last Family name* *First Given name* *Middle* *Sr., Jr., Etc.*

Country of Birth _____ **Country of Citizenship** _____
Country

Permanent Address _____
In home country *Number and Street* *Home Telephone* *Country Code* *City Code* *Numbers*

City *State* *Zip* *Country*

Mailing Address _____
 or check if same as above *Number and Street* *Telephone* *Country Code* *City Code* *Numbers*

City *State* *Zip* *Country*

Former/Maiden Name if applicable _____
Last *First*

E-mail Address _____ **Date of Birth** _____ **Sex** M Male F Female
Month, day, year

Native Language English Other _____
Specify

Are you Hispanic or Latino? Yes No

What is your race? Choose one or more

- White American Indian or Alaska Native
 Black or African-American Native Hawaiian or other Pacific Islander
 Asian

Are you currently in the United States?

Yes. What is your current immigration status? _____

No. Do you plan to apply for F-1 student visa? _____

ACADEMIC INFORMATION

Year and semester you plan to enter: Fall 20 _____ Spring 20 _____ Summer 20 _____
Entering status: Freshman Returning Transfer Transient
Intended Major/Concentration Area _____ Degree Objective _____
Intended Minor optional _____
If you have received a degree, are you seeking teaching certification? No Yes If yes, in what field? _____

All previous educational experience

Include prior attendance at Columbus State University. Failure to list all institutions previously attended may result in academic exclusion or loss of transfer credit.

Institution	Location: City, State	Attendance From/To	Graduation Date	Degree Obtained or Hours Completed
Last High School _____				
Last College _____				
College _____				
College _____				
College _____				
College _____				

If you attended additional colleges, please list on a separate sheet of paper and attach to this document.

DEPENDENT INFORMATION

Do you plan to bring a spouse or a child with you to Columbus, Georgia? No Yes If yes, please include information and a copy of each dependents passport.

1. Relationship: Child Spouse Other _____ Sex Male Female
Name _____ Date of Birth _____
Last First Middle

Address _____ Telephone include area code _____
Number and Street

City _____ State _____ Zip _____ Country if not U.S. _____
Country of Birth _____ Country of Citizenship _____

2. Relationship: Child Spouse Other _____ Sex Male Female
Name _____ Date of Birth _____
Last First Middle

Address _____ Telephone include area code _____
Number and Street

City _____ State _____ Zip _____ Country if not U.S. _____

If you have additional dependents, please list on a separate sheet of paper and attach to this form.

ADDITIONAL INFORMATION

- Date on which you have taken or plan to take the Scholastic Aptitude Test SAT, ACT, TOEFL, or IELTS: Month _____ Year _____
- How did you first learn of Columbus State University? Friend who attends Family members who attend Internet Specify _____
 Information mailed to my home High School Advisor International Publication Specify _____
- Have you applied to Columbus State University before? Yes No If yes, what semester and year? _____ Last name then _____
- Have you ever been convicted of any criminal offense other than a traffic violation or do you have charges pending?
- Are you currently enrolled in the last institution attended? Yes No
If yes, request final transcript be professionally evaluated e.g. by WES or Josef Silny Associates if institution is non-US accredited.
- State briefly why you want to attend Columbus State University: _____
- If you will need special services while on campus because of a disability, please contact our Office of Disability Services at 706 568-2330.
All applications and documents required must be received in the Admissions Office by the published deadline date.

CERTIFICATION

I understand that any material false statement made knowingly and willfully by me on this application, or any documents attached hereto may, in accordance with O.C.G.A. 16-10-71, which provides that upon conviction, a person who knowingly commits the offense of false swearing shall be punished by a fine of not more than \$1,000 or by imprisonment for not less than one nor more than five years, or both, subject me to prosecution in a court of law. Additionally, I further understand that any such false statement may subject me to immediate dismissal from the institution.

Further, I certify that, to the best of my knowledge, the information submitted on this application is true and complete.

Signature _____ Date _____