



COLUMBIA SOUTHERN UNIVERSITY

21982 University Lane • P.O. Box 3110 • Orange Beach, AL 36561

Phone (800) 977-8449 • Fax (251) 224-0540 • admissions@columbiasouthern.edu

www.columbiasouthern.edu

APPLICATION FOR ADMISSION

1. APPLICANT INFORMATION

Date ____/____/____

Mr. __ Ms. __ Mrs. __ Dr. __

Name (First) _____ (Middle) _____ (Last/Maiden) _____

Address _____

City _____ State/Province _____ Zip _____

Country _____ E-Mail _____

Marital Status _____ S.S. # _____ - _____ - _____ Cell Phone _____

Telephone: Business (____) _____ - _____ Home (____) _____ - _____ Fax (____) _____ - _____

Gender: Male Female Date of Birth: ____/____/____

Ethnic Affiliation (check one): White/Non-Hispanic Black/Non-Hispanic American Indian
 Asian/Pacific Islander Hispanic Other

Present Employer _____ Position _____

City _____ State/Province _____ Zip _____

Through what source did you learn of Columbia Southern University? *Please provide details in the space provided.*

Internet Search Magazine Ad Education Officer Conference Flyer/Poster E-mail Direct Mail

Referral Other **DETAILS** _____

examples: name search engine used (such as google, msn or other); name magazine or other print source; name internet source, learning partner ...

2. DEGREE PROGRAM FOR WHICH YOU ARE MAKING APPLICATION

AA in General Education

BS in _____

M.B.A.

AAS in Business

(The degree program you are interested in pursuing, *i.e.* Marketing)

MS in Criminal Justice Administration

AAS in Criminal Justice Administration

MS in Occupational Safety & Health

AAS in Fire Science

BSBA or BS-OSH

MBA/MS Concentration _____

AAS in Occupational Safety & Health

Concentration _____

INDICATE STATUS:

First-Time Degree Certificate-Seeking Student Transfer Student Returning Student

WHAT MONTH DO YOU PLAN TO BEGIN YOUR DEGREE PROGRAM? _____

3. PREVIOUS EDUCATION

Please attach a copy of your high school diploma and college transcripts (copies will suffice for evaluative purposes). Note: If faxing transcripts, please fax both sides.

Name of HIGH SCHOOL _____ Year Graduated _____

If you are not a high school graduate, you must have earned a GED. Date Received: ____/____/____

COLLEGE EDUCATION

College/University Name	Date Graduated	Degree Earned	Concentration	Credits Earned

- I am active military and would like to receive information on using Tuition Assistance or DANTEs benefits.
- I am a Veteran and would like to receive information on using VA benefits.
- I have previously used my VA benefits.
- I am planning to use Federal Financial Aid.
- I've already submitted my FAFSA with the CSU school code of 041215.

4. ACADEMIC TRANSCRIPTS REQUESTED

If you do not have copies of academic transcripts from the university(s) you have attended, you will need to request that these official transcripts be forwarded to CSU. In the box below, please indicate which schools will be sending us official transcripts. Once we receive these transcripts we will complete your evaluation.

University/ College Name	Your name as it will appear on transcript

PROFESSIONAL LICENSES, CERTIFICATIONS, AND TRAINING PROGRAMS

CSU uses the guidelines established by ACE (American Council on Education) to determine if certain professional licenses, certificates, training programs, and military training warrant the awarding of academic credit. Submit all professional licenses and/or certifications that have listed the number of CEU's awarded and/or classroom contact hours.

Name of Certificate, License, or Training Program	Documentation	Attached (Yes/No)
	Date Completed	
<i>Please list additional Professional Licenses, Certifications, and Training Programs on a separate paper.</i>		

5. I certify that to the best of my knowledge the information provided in this application is accurate and complete. I understand that if this information or any other information upon which my admission is based is found to be inaccurate or incomplete, the school may rescind my degree. If I am approved for admission and decide to enroll at Columbia Southern University, I agree to abide by the rules and regulations of the University as contained in the University Catalogue. I acknowledge that all official transcripts that I submit to the school will become the property of the University and will not be forwarded to another institution or returned to me.

Applicant Signature

Date

6. APPLICATION SUBMISSION

Please forward your completed application along with all necessary documents and your application fee to:
CSU, Admissions Department • P.O. Box 3110 • 21982 University Lane • Orange Beach, AL 36561

ADMISSIONS STATUS OPTION (Select One):

I wish to enroll in courses immediately after submitting my application. I understand my Admission Status will be "Temporary" pending the completion of my transfer credit evaluation. I further understand while on "Temporary" status, I am responsible for only enrolling in courses that I will not be transferring to CSU and that meet the requirements of my selected program. Once all transcripts are received and evaluated, an Application Evaluation Report will be issued and my status changed to "Conditional." After all official transcripts have been received, my status will change to "Accepted." I will not be allowed to complete more than 13 credit hours undergraduate or 7 credit hours graduate until my Admission Status is "Accepted." I have read the Admission Status Policy, CSU Admission Requirements, Transfer Credit Policy and I meet the requirements for the program I am enrolling.

I wish to wait on enrolling in courses until my Application Evaluation Report is completed so that I will know what transfer credit CSU has accepted and what courses are required before I begin my degree program with CSU.

Application Fee: \$25.00 domestic; \$50.00 foreign

METHOD OF PAYMENT

VISA/MC AMEX DISCOVER CHECK ENCLOSED

CARD NO.

EXP. DATE _____

NAME ON CARD
