Columbia Southern University

www.ColumbiaSouthern.edu | Admissions@ColumbiaSouthern.edu
21982 University Lane | P.O. Box 3110 | Orange Beach, AL 36561 | Phone (800) 977-8449 | Fax (251) 224-0540

APPLICATION FOR ADMISSION

Applicant Information

Mr.__ Ms.__ Mrs.__ Dr.__
Name (First)_____(Middle)_____(Last)_____ (Maiden)_____
Address _____
City _____ State/Providence _____ Zip _____
Country _____ E-Mail (Primary) _____ E-Mail (Alternate)_____
Marital Status _____ S.S. #_____–_____–_____ Cell Phone _____
Telephone: Business (___) _____–_____ Home (___) _____–_____
Gender: ❑Male ❑Female Date of Birth:_____/_____/_____
Ethnic Affiliation (check one): ❑White/Non-Hispanic ❑Black/Non-Hispanic ❑American Indian ❑Asian/Pacific Islander ❑Hispanic ❑Two or More Ethnicities
Present Employer _____ Title _____
City _____ State/Providence _____Zip _____
Is your organization a Learning Partner? ❑ Yes ❑ No Name of Learning Partner _____

Where did you learn about Columbia Southern University? Please include details in the space provided.
❑Internet Search ❑Magazine Ad ❑Flyer/Poster ❑E-mail ❑Direct Mail ❑ESO/ESS ❑Conference
❑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 ...
If an educational rep helped you out, put their name here _____

Check all that apply.

❑ I am a military Servicemember.
Branch _____
❑ I am a veteran and will be using my VA benefits.
❑ I am planning to use Federal Financial Aid with the CSU school code of 041215.
❑ I am a spouse or dependent of a veteran.
❑ I am a spouse of an active duty military member.

Degree Program

Select the program in which you wish to apply. *Please list the bachelor's or master's degree program you are interested in pursuing, i.e. Marketing.*

__ AA in General Studies
__ AAS in Business
__ AAS in Criminal Justice
__ AAS in Fire Science
__ AAS in Occupational Safety & Health
__ BS in _____
__ BSBA General
__ BSBA Concentration_____
__ MBA General
__ MBA Concentration_____
__ MS in _____
__ Doctorate of Business Administration (DBA)

Please indicate below the reason you have selected this degree program and how it relates to your professional goals.
_____
_____
_____
_____
_____

Indicate Status:
❑First-Time Degree ❑Certificate-Seeking Student
❑Transfer Student ❑Returning Student
❑Non-Degree Seeking/Transient Student

Previous Education

By signing this application, I am certifying that I have successfully completed graduation requirements from the approved high school program, or equivalent, listed below. Further, I have read and understand CSU's admission requirements.

CSU reserves the right to request a high school transcript. Please contact an admissions representative at ext. 6521 with questions.

❑High School _____ City_____State_____ Year Graduated _____
❑GED ***If you are not a high school graduate, you must have earned a GED.*** City_____State_____
Date Received GED: _____/_____/_____

COLLEGE EDUCATION

College/University Name	Date Graduated	Degree Earned	Concentration	Credits Earned

Academic Transcript

A student may send copies of transcripts or documents during the initial admission stages and enroll as a Conditional Student (not eligible for Title IV). The student must provide official transcripts prior to completing 12 undergraduate/ 7 graduate credit hours or future enrollments will be delayed. Students who are interested in Title IV funding must submit all official transcripts from previously attended institutions at the time of admission.

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

Professional Licenses, Certifications, and Training

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.

❑ Yes ❑ No *I will be sending in any Professional Licenses, Certifications, and Training Programs.*

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 Catalog. I acknowledge that all forms, transcripts, and other required documents submitted to Columbia Southern University will become the property of the University and will not be forwarded to another institution or returned to me.

Applicant Signature _____ Date _____

Application Submission

ADMISSIONS STATUS OPTION (Select One):

❑ **I wish to enroll in courses immediately after submitting my application.**
(Not eligible for Title IV)
I understand that my Admission Status will be "Temporary" pending the completion of my transfer credit evaluation. While "Temporary," I may complete up to 12 undergraduate hours or 7 graduate hours and must accept responsibility for enrolling in courses required by my selected program and that I am certain will not be transferred to CSU. I understand that I must submit all official transcripts, and once received, they will be reviewed for quantitative and qualitative requirements of admission. Once I have met these requirements I will receive an Application Evaluation Report and my admission status will be changed. I have read the Admission Status Policy, CSU Admission Requirements, and the Transfer Credit Policy under the "Future Students" section of the website, and I understand admission may be denied should I not meet all requirements.

❑ **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.

Please forward your completed application, all necessary documents, and your application fee to:

CSU ADMISSIONS DEPARTMENT
P.O. Box 3110 | 21982 University Lane | Orange Beach, AL 36561
FAX: 251.224.0540

Application Fee: $0.00 domestic; $0.00 foreign
(Application Fee is Non-Refundable)

❑ Yes, I would like to take advantage of the Priority Evaluation Service ($25 Fee)

❑ Please check the box if you plan on having 2 or more degree evaluations. The charge for a second evaluation is $25.

Method of Payment

❑ VISA/MC ❑ AMEX
❑ DISCOVER ❑ CHECK ENCLOSED

Card No._____

Exp. Date _____

Name on Card_____