

BRIDGE PROGRAM

ENROLLMENT FORM

OFFICE OF ADMISSIONS ◆ COLUMBIA COLLEGE
1301 COLUMBIA COLLEGE DRIVE, COLUMBIA, SC 29203
803.786.3871 ◆ 800.277.1301 ◆ www.columbiasc.edu

PERSONAL INFORMATION

Full Name	FIRST	MIDDLE	PREFERRED NAME
Permanent Address	CITY	STATE	ZIP CODE
Mailing Address			
(IF DIFFERENT FROM ABOVE) P.O. BOX			
Social Security # By providing your Social Security number, your final			
	-		
Home Phone()	Cell Phone()	
Email Address			
SCHOOL INFORMATION			
High School graduation/GED Compl	etion date:		
Have you ever completed a Columbia	a College Application? 🗆 Yes 🛭	□ No	
Technical School you are/will be atte	ending:		
List all Colleges Attended:	Dates of Attendance:	From:	To:
		month/year	month/year
At the end of last semester, how man	v cradits have you completed?	month/year	month/year
Anticipated number of college credits	s hefore transferring.	(If you are a first semester fre	eshman or high school senior, write NA)
Anticipated entry term at CC (choose	VAnt		
Anticipated CC major:	Cumulative		
Are you planning to live on campus a	after transferring? \square Yes \square No	(If freshr	man or high school senior, write NA)
REFERRAL INFORMATIO	N		
Complete this section if you are working		visor who is assisting	you in the transfer process)
Advisor Name:			
College:			
STATEMENT OF INTENT If I enroll in the bridge program, I undersorgarding my course selections and acade.			

Signature______Date____