



# Columbia Commonwealth University

970 West Broadway, Box 567, Jackson, WY 83001-9475

## Application Form

Please type or print.

1. Name: \_\_\_\_\_  
Mr/Mrs/Ms Last name (family name, surname) First name (given name) Initial

2. Home Address: \_\_\_\_\_  
Number and street City State

Country Zip code Home phone email

Work phone Cellular

3. Date of Birth (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ 5. Social Security #: \_\_\_\_\_

4. Highest College or University: \_\_\_\_\_  
Name and address

(Address continued) Dates attended

Did you graduate? Yes \_\_\_ No \_\_\_ Date of Graduation: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

5. Previous College or University: \_\_\_\_\_  
Name and address

(Address continued) Dates attended

Did you graduate? Yes \_\_\_ No \_\_\_ Date of Graduation: \_\_\_\_\_ Degree Obtained: \_\_\_\_\_

6. School Requested: Arts & Sciences \_\_\_\_\_ Health & Human Services \_\_\_\_\_ Admin & Mgmt \_\_\_\_\_ Pastoral Counseling \_\_\_\_\_

7. Communication Agreements: I understand that basic directory information about students is available to the general public but that Columbia Commonwealth University will **not** transmit any other information about me without my consent. I hereby agree that CCWU may submit information about me relevant to my application and enrollment to the agencies of its choice for evaluation and verification. I understand that the institution is required by law to maintain student records for a period of only five years.

I declare that all materials presented to Columbia Commonwealth University are my own work, or fully and specifically acknowledged wherever adapted from other sources. I understand that if at any time it is shown that I have significantly misrepresented material presented to the University, any degree or credits awarded me on the basis of the material may be revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete this application and, along with the \$40 application fee, send it to:

**Columbia Commonwealth University, 970 West Broadway, Box 567, Jackson, WY 83001-9475**

If you have any questions, write to us at this address or call us at 800.552.5522 or 307.739.8419.

You can also send information by FAX — 406-829-2739, or by [inquiries@ccwu.edu](mailto:inquiries@ccwu.edu)

Our webpage is [www.ccwu.edu](http://www.ccwu.edu)