



# CAPITAL COLLEGE

1980 Gallows Rd. • Tysons Corner, Virginia 22182  
(703) 356-9898 • (703) 356-4422  
www.CapitalCollegeVA.com

<b>Office Use Only</b>
Date Recvd: _____
Initials: _____
Approved _____

## English as a Second Language Program Application Form

### Applicant Information:

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

### Academic Background:

Check One:

- High School Diploma: \_\_\_\_\_  
(Name of High School) (City/State)
- GED/ high school equivalency earned
- Undergraduate: \_\_\_\_\_  
(Name of College) (City/State)

\* Official copy of High School Diploma must be submitted with the application.  
\* Official College Transcript will be accepted in lieu of a High School Diploma.

### Attestation and Signature

I hereby apply for admission to Capital College. I certify that the information provided above is correct and complete. I understand that in the event that the information I provided above is false, my application will be disqualified and acceptance into the program invalidated. If accepted into the program, I understand that I must comply with all policies and regulation of the program.

\_\_\_\_\_  
(Signature) (Date)

**Please note:** An application fee of US \$50.00 must be submitted with this application. Acceptable method of payments include: Personal Check, Money Order, and Cashier's or Bank Check. Please make checks or money order payable to *Capital College*.

Please send this completed ESL Program Application Form and Application Fee to:

**Capital College**  
**Admissions Office / ESL Program**  
1980 Gallows Road  
Tysons Corner, Virginia 22182  
USA  
Fax: (703) 356-2460  
E-mail: [info@CapitalCollegeVA.com](mailto:info@CapitalCollegeVA.com)