

## Admission Application – Cosmetology Program

### Student Information

Name: Last	First	MI	Social Security Number
Telephone #	Alternate Telephone #		Date of Birth
			Birthplace (city & state or city & country)
E-Mail Address			
Driver's License Number & State of Issue			
Mailing Address			
Permanent Address			

### The following information is requested for statistical purposes only

SEX (circle one):	FEMALE	MALE	
ETHNICITY (circle one):	Race & Ethnicity Unknown	Non Resident Alien	
	Hispanic of any race	American Indian or Eskimo	
	Asian	Black or African American	
	Native Hawaiian or Polynesian	White or Caucasian	
	Two or More Races	Other	
MARITAL STATUS (circle one):	Single	Married	Divorced
	Widowed	Unknown	
DEPENDENCY (circle one):	Independent	Dependent	Unknown

### Educational Information

HIGH SCHOOL	ADDRESS		
DATE OF GRADUATION: _____ *Attach a copy of your diploma to this application			
*If you are still attending high school, please submit your most recent grade report along with a letter of reference from your school's guidance office.			
If you do not have your High School Diploma, do you have a General Equivalency Diploma (GED):    YES                      NO			
If yes: _____ City and State that issued the GED – submit a copy of the GED documentation with this application.			
COLLEGE OR POST-SECONDARY INFORMATION:			
Name of COLLEGE or UNIVERSITY attended	Address	Dates Attended	Degree Obtained