

Student Application for Cosmetology & Esthetician Programs

Application must be filled out fully to be accepted. Any incomplete applications will be returned to applicant.

Information asked for is required to report enrollment and hours to TDLR

Application Date: _____
MM/DD/YYYY

Social Security Number: _____ MCC ID#: _____

Program applying for: Cosmetology Esthetician Preferred Semester: Fall Spring

Name: _____
Last First Middle

Address: _____
City County State Zip

Phone Number: _____ Date of Birth: _____
MM/DD/YYYY

Email Address: _____

If the applicant has not received their High School Diploma or GED/HSA please list their anticipated graduation/completion date along with the school/institution information.

Did you receive a High School Diploma or GED/HSE? YES NO Date: _____
MM/DD/YYYY

Name of School/Institution you received your diploma/GED/HSE from City State

First-time college student? Yes No Financial Aid or Private Pay? Financial Aid Private Pay
 Installment Plan
Have you attended a Cosmetology School/Program before? Yes No Full Payment

Name of School: _____

Office Use Only (applicants do not fill out)

Reading Comprehension Assessment Score: _____ Is support class needed? _____

Was support class successfully completed? _____

Has student submitted FAFSA? _____

Has student set up installment plan? _____

Has student made payment? _____

NOTES: _____
