

Student Application for Cosmetology & Esthetician Programs

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

Application Date: _____ Left handed or Right Handed
MM/DD/YYYY

Social Security Number: _____ MCC ID#: _____

Please circle the program **and** semester you are applying for

Please choose one: **Cosmetology Program** **Esthetician Program**
Fall Spring 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 City State

First-time college student? Yes No Financial Aid or Private Pay? Financial Aid Private Pay

Have you attended a Cosmetology School/Program before? Yes No

Name of School: _____

Office Use Only (applicants do not fill out)

Reading Comprehension Assessment Score: _____

Is support class needed? Yes No Was support class successfully completed? Yes No

Notes _____

