1500 Hour Cosmetology Licensure Program

Program Admission Application

Application must include a copy of student high school transcript for review.
Acceptance into the program is based upon course load availability therefore all applications may not be approved. Approved applicants must be committed to completing the program in its entirety.

Date received _____

Date approved _____

Student Name_____ **Student ID #** ____ _____ __

Grade Level _____ **Expected Graduation Year** _____

Guidance Counselor Name_____

Enrolling Guardian Name _____

Address_____**Apt #** _____

City _____**ST**_____ **Zip**_____

H Phone_____ **W Phone**_____ **C Phone**_____

Enrolling Guardian email address: _____

Current school organization membership _____

Print student email Address – enter each character separately into each box below

Tell us about your school Cosmetology Career. Check all classes that you have completed in the Cosmetology Pathway. Intro. to Personal Care Services____ Cosmetology Service II _____ Cosmetology Services III _____

Why do you want to complete the Cosmetology Licensure Program while in high school?

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Student Signature: _____ Guardian Signature:_____