

Student Application for Cosmetology & Esthetician Programs

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

Social Security Number: _____ MCC ID#: _____

Please choose one: Cosmetology Program Esthetician Program

Name: _____
Last First Middle

Address: _____
City County State Zip

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

Email Address: _____

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

Name of 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

Reading Comprehension Assessment Score: _____

Is support class needed? Yes No Completed support class? Yes No

Notes: _____

