

UACCB Cosmetology Program Application

Legal Name: _____
Last Other or Maiden Name First Middle Initial

Mailing Address: _____
Street or P.O. Box City State Zip

Physical Address: _____
Street City State Zip

Telephone: Home Phone (_____) _____ Cell or Message Phone (_____) _____

Social Security Number: _____ Email: _____

Select your preferred start date: January May August

Gender: **M** or **F** Race: _____ Marital Status: _____ DOB: _____

Answer the following questions by circling YES or NO and providing requested information where indicated:

Have you previously applied to the UACCB Cosmetology program? **YES** **NO** When? _____

Have you attended any other Cosmetology program? **YES** **NO** Where? _____ When? _____
Hours completed: _____

Education: G.E.D. **YES** **NO** Year: _____

High School **YES** **NO** High School Name: _____ City, State: _____ Year _____

Training beyond G.E.D./High School **YES** **NO**

The following information must be completed/submitted before application will be accepted:

- College Admission process complete
- Personal essay explaining why you are interested in cosmetology and describing how you will be a successful student. The essay is to be typed and must be a minimum of 300 words.
- Copy of GED, High School Diploma, or High School Transcript
- Copy of identification such as Driver's License or State Approved ID

ATTENTION: You will receive a phone call from the UACCB Cosmetology Department for an interview session date to complete enrollment. In order to qualify for the interview session, you must complete all of the above and turn in all documents before the deadline. During the interview, you are responsible to bring a debit/credit card for purposes of paying \$20 on it for your Cosmetology Permit.

I hereby authorize UACCB to share my academic and personal information with the Arkansas Department of Health, Cosmetology Section, for the purpose of verifying my educational credentials and legal right to attend a cosmetology program. I attest that the information provided on this application is accurate and complete.

Applicant signature: _____ Date: _____