



APPLICATION FOR ADMISSION

PROGRAM

- Cosmetology Day Esthetics Day Massage Therapy
 Cosmetology Evening Esthetics Evening Nail Technology Instructor Training

PREFERRED START DATE

- June August October January March May

HOUSING PREFERENCE

- On-Campus Commuting

STUDENT INFORMATION

Name _____
LAST FIRST M. INITIAL MAIDEN

Permanent Address _____
STREET ADDRESS CITY STATE ZIP CODE

Home # _____ Cell # _____ Email Address _____

Gender F M Date of Birth _____ Social Security # _____ / _____ / _____
MM/DD/YYYY

Place of Birth _____ U.S. Citizen Y N
CITY STATE/IF NO STATE COUNTRY COUNTY

Marital Status Single Married Divorced Separated

PARENT INFORMATION

Parents Marital Status Single Married Divorced Separated

Father _____
NAME OCCUPATION EMPLOYER

Father's Address _____
STREET ADDRESS CITY STATE ZIP CODE

Mother _____
NAME OCCUPATION EMPLOYER

Mother's Address _____
STREET ADDRESS CITY STATE ZIP CODE

EMERGENCY CONTACT

In case of emergency contact _____
NAME RELATIONSHIP PHONE

BILLING

Send billing to Father Mother Self

OPTIONAL QUESTION *(used for statistical reporting only)*

Please describe your racial background *(Select one or more of the following categories):*

- American Indian or Alaskan Native Asian Black or African American Hispanic or Latino
 Native Hawaiian or Other Pacific Islander White Other _____

ACADEMIC STATUS

High School Graduate _____ YEAR GED _____ YEAR

Name of High School _____

LIST ALL COLLEGES AND DATES ATTENDED

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College Graduate Y N Date last attended _____

School and degree received _____

ADDITIONAL REQUIRED

Have you ever been convicted of a felony? Y N If yes, have you been issued a certificate of relief? Y N

Have you been denied a professional license or permit, or the privilege of taking an examination, or had a professional license or permit disciplined in any way by any licensing agency in Illinois or elsewhere? Y N

HOW DID YOU HEAR ABOUT MIDWEST COLLEGE OF COSMETOLOGY?

THIS CERTIFICATION MUST BE SIGNED AND DATED BY THE APPLICANT BEFORE ACTION CAN BE TAKEN ON THIS APPLICATION

To the best of my knowledge and belief, the information given on this application is complete and accurate. I realize that failure to disclose fully and accurately all facts related to this application shall be grounds for dismissal from Midwest College of Cosmetology. If admitted, I pledge to fully comply with all rules and regulations of the College. My signature on this application indicates my consent for Midwest College of Cosmetology representatives to request and receive academic records from all schools I have attended.

Signature _____ Date _____

**Make checks payable to Midwest College of Cosmetology **To pay by credit card contact: Student Accounts, 1.309.268.4317*

APPLICATION PROCEDURE

Students must complete the application process and be confirmed prior to enrollment.

- Complete application and submit \$25 fee
- Schedule campus visit
- Submit official high school transcripts
- Submit official college transcripts, if applicable
- Apply for financial assistance by completing FAFSA form online

CONFIRMATION PROCESS

- Receive acceptance letter
- Submit \$50 confirmation deposit
- Submit \$200 housing deposit (if living on campus)

INSTRUCTIONS

Please submit completed application accompanied by:

- \$25 application fee *(this fee is required and non-refundable)*
- high school transcripts or GED
- college transcripts if applicable

Office of Admissions
755 West Raab Road
Normal, IL 61761
T 800.811.2228
P 309.451.1373
F 309.451.0443