CSM Cosmetology

PROGRAM APPLICATION

Applied For: ☐ FALL 20_____ (Starting in August)   ☐ SPRING 20_____ (Starting in January)
                          (Year)   (Year)

Last Name: _____ First Name: _____ Middle Initial: _____

Student G#: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone #: _____ Cell Phone #: _____

Email Address: _____

EDUCATION & PREVIOUS EXPERIENCE

☐ High School Diploma   ☐ GED   ☐ Highest Grade Completed:_____

Are you licensed or have prior hours in any of the following fields?

☐ Cosmetology   Hours: _____

☐ Esthetics   Hours: _____

☐ Manicuring   Hours: _____

Transfer Students will be considered on an individual basis for acceptance into the program.

To be eligible for Proof of Training documents and/or a program certificate, students must successfully complete:

COSM 712 Fundamental Cosmetology I & COSM 722 Fundamental Cosmetology II	(Fall or Spring - 18 weeks)
COSM 732 Intermediate Cosmetology III & COSM 742 Intermediate Cosmetology IV	(Fall or Spring - 18 weeks)
COSM 746 Advanced Cosmetology V & COSM 749 Advanced Cosmetology VI	(Fall or Spring - 9 weeks)
COSM 758/759 Advanced Hair Techniques: Photo Shoot & Hair Specialties	(Summer - 6 weeks)

If you have been convicted of a criminal offense it is your responsibility to contact the CA Board of Barbering and Cosmetology to determine if you are eligible to test for state licensing:

<u>Headquarters Location:</u>
CA Board of Barbering and
Cosmetology 2420 Del Paso Road
Suite 100 Sacramento, CA 95834
1-800-952-5210
Fax (916) 575-7281
Web site: barbercosmo.ca.gov

<u>Correspondence/Licensing:</u>
CA Board of Barbering and
Cosmetology, P.O. Box 944226,
Sacramento, CA 94244-2260
Licensing Unit (916) 574-7570

I certify under penalty of perjury that the information on this application is true and correct. I understand that falsification of my information may result in disciplinary action by the college. I understand that applications are accepted continuously and date and time stamped upon receipt; and that priority is given to San Mateo County residents.

Applicant's Signature: _____Date: _____