



For Office Use Only
Date Received _____
Time Received _____

## COSMETOLOGY PROGRAM APPLICATION

Priority is given to San Mateo County residents. Students living outside the county will only be accepted if space is available.

Spring 20\_\_ \_\_ (Starting in January)

Fall 20\_\_ \_\_ (Starting in August)

Last Name: _____				First Name _____		Middle _____		G# or SS# _____	
Previous name(s) on academic records: _____									
Current Address: _____									
City _____			State _____			Zip Code _____			
Daytime Phone #: (____) _____			Evening #: (____) _____			Cell #: (____) _____			
Email Address: _____					Would you like to receive email? <input type="checkbox"/> Yes <input type="checkbox"/> No				

Have you ever attended a school for any of the following programs: Cosmetology, Esthetician, Manicuring Yes <input type="checkbox"/> No <input type="checkbox"/> (PLEASE ATTACH RECORDS OF PROOF OF TRAINING OR WITHDRAWAL FROM ALL SCHOOLS PREVIOUSLY ATTENDED)	
Do you hold a <u>license</u> in any of the following fields: <input type="checkbox"/> Cosmetology <input type="checkbox"/> Esthetician <input type="checkbox"/> Manicuring (PLEASE ATTACH A COPY OF PROOF OF TRAINING)	
<b>CLASSES YOU ARE APPLYING FOR:</b>	
<input type="checkbox"/> Fundamentals of Cosmetology (Beginning)	
<input type="checkbox"/> Advanced Cosmetology*	
<input type="checkbox"/> Course Transfer* (prior hours in an Esthetician, Manicuring or Barbering Program)	
<input type="checkbox"/> Brush-up (must have completed 1600 hours of Cosmetology Training)	
<input type="checkbox"/> Teacher Training (must have a valid Cosmetology License)	
*When space is available, students with previous training may be eligible for admission to the Advance Standing program in cosmetology within a one-year period of withdrawal from a previous school and upon submission of State Board records to the Cosmetology Department. Students who have completed more than 600 hours of approved training in another school will be not be admitted to the Advanced Standing program.	

<b>Admission Requirement: Students must complete the four items below.</b> 1. CSM Admissions Application 2. Cosmetology Program Application 3. CSM English Placement Test 4. CSM matriculation requirement
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<b>IF YOU NEED FINANCIAL AID, APPLY EARLY.</b>  <b>IF ENGLISH IS YOUR SECOND LANGUAGE, EOPS MAY BE ABLE TO HELP.</b>
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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.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Application *MUST* be completed and returned to the Cosmetology department for consideration of acceptance into the program.

