

UACCB Cosmetology Program Application

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

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

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

5 or 6 digit UACCB ID number (SS# if no UACCB ID): _____ Email: _____

Select your preferred start date: Spring Summer Fall

Have you previously attended UACCB? **YES NO**

Are you currently enrolled at UACCB? **YES NO**

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: _____

Do you speak English as a second language? **YES NO**

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

Provide the name(s) of any other colleges you have attended in this space.

College: _____ Dates Attended: _____

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College: _____ Dates Attended: _____

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

Attended UACCB Cosmetology Program **Interview**. Date attended: _____ Instructor initials: _____

Personal essay explaining why you are interested in cosmetology and describing how you will be a successful student. The essay should be typed, double-spaced, and be a minimum of 300 words.

Two **letters of recommendation** attesting to your ability to be successful in the program (letters that do not provide sufficient evidence of the potential for success will not be accepted).

College admission process complete.

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: _____