



COSMETOLOGY DEPARTMENT
(408) 288-3710

Name: _____ Date: _____
(Print Legibly) Last First

Address: _____
Number and Street City Zip

Home # (_____) _____ - _____ Cell # (_____) _____ - _____

E-Mail Address: _____
(Print Legibly)



You Must Have At Least A 10th Grade Public School Education or Equivalent

H.S. Diploma Yes No Year Completed / Graduated _____



If attended College you must bring a copy of your Placement Test or College Transcripts
(When starting course)

If in need of Financial Assistance, please contact the following office:

Financial Aid Department----- (408) 288-3741

EOP&S Program----- (408) 288-3788

CalWorks Program----- (408) 288-3743

PLEASE NOTE:



Advise the Cosmetology Department if any changes to the above information need updating:
(Name, Address, Contact numbers, E-mail)



Acceptance to San Jose City College DOES NOT mean acceptance to the Cosmetology Program.



The Cosmetology Department does NOT accept ANY transferred hours.



Keep Yellow copy as proof.

OFFICE USE ONLY

Validated on _____ **By** _____