

ESTHETICIAN APPLICATION



Please fill in COMPLETELY and LEGIBLY and return to the Cosmetology Department.

Date _____

Name _____ Phone _____

Address _____
number & street city zip

_____ Please advise Cosmetology Department of any changes to the above _____

Year of School completed _____ Graduate? Yes No

YOU MUST HAVE AT LEAST A 10TH GRADE PUBLIC SCHOOL EDUCATION OR EQUIVALENT

Have you completed the following requirements:

1) Do you have transcripts from a previous school? Yes No *Please bring transcripts for our records.*

2) San José City College Placement Test? Yes No When? Fall Spring Year _____

3) Previous Cosmetology training? Yes No

If so, school attended: _____ Hours _____

Social Security Number _____ Date of Birth _____

Parent or guardian name & address (if under 18 years old)

If in need of financial assistance, please contact the following offices:

Financial Aid Department - 408-288-3741 EOP&S Program - 408-288-3788 CalWORKS Program - 408-288-3743

PLEASE NOTE: Acceptance to San José City College DOES NOT necessarily mean acceptance to the Esthetician Program

FOR OFFICE USE ONLY

San José City College
2100 Moorpark Avenue
San Jose, CA 95128-2799
408.288.3766

Validated on _____

Original - Office Copy - Applicant