B-S-ADMIN
ADMISSIONS APP
COSMO

JOHNSON COUNTY COMMUNITY COLLEGE

COSMETOLOGY (1500 HOURS)

This application is for the Cosmetology program only. If you decide to enroll at JCCC prior to program acceptance, you must complete a general application for admission.

When will you enter JCCC? ☐ Fall ____ year ☐ Spring ____ year ☐ Summer ____ year

Personal Data *(please print – black ink only – no pencil)*

****Social Security No.** ___ __ ____ B&G exp. date __ __ (M M / Y Y) (for seniors over 55)

Last Name ______ First Name ______ Middle ______

Maiden/other names ______ Suffix (Jr. III, Sr.) ______

Number ______ Street Name (Do **NOT** abbreviate) ______ Apartment Number, P.O. Box, Rural Route (If necessary) ______ P.O. Box will result in out-of-state tuition if you do not give a Kansas residency address too.

City ______ State ______ ZIP ______ – ______

Day Phone No. ______ Evening Phone No. ______ TDD (for hearing impaired) ______

Preferred E-Mail Address: ______

Sex ☐ M ☐ F Date of birth __ __ __ Are you a U.S. citizen? ☐ Yes ☐ No If "no," are you a resident alien? ☐ Yes ☐ No

Country of birth ______ (You MUST bring your resident alien card to the 2nd floor, Student Center, before enrollment.)

Students on any type of VISA – STOP HERE. Contact the Intercultural Center office at www.jccc.edu for an Application for Immigrants and Non-Immigrants.

***Ethnic code:**
☐ Asian or Pacific (01) ☐ Am. Indian/Alaskan Native (02) ☐ African-American/Black (03)
☐ Hispanic (04) ☐ Caucasian/White (05) ☐ Other (06)

Kansas Residency Information *(This section must be completed in its entirety or you will be charged out-of-state tuition.)*

Are you living in Kansas? ☐ Yes ☐ No If "yes," please provide the following information. If "no," proceed to back page.

1. On what date did your residence in Kansas begin? ☐ Since birth ☐ Since __ __ __
2. In what Kansas county do you currently live? ☐ Johnson Other ______
3. Have you lived at this address for at least six months? ☐ Yes ☐ No If "no," when did you move to this address? __ __ __
4. If you have lived at this address less than six months, what was your previous address?

For office use only
Degree VOC/Cosmetol 3700
CR ______
GED/Hst ______
Coll ______

Number ______ Street Name (Do **NOT** abbreviate) ______

City ______ State ______ ZIP ______ – ______

County ______ When did you move to this address? __ __ (M M / Y Y)

5. Are you a full-time employee of JCCC? ☐ Yes ☐ No A part-time employee of JCCC? ☐ Yes ☐ No
   Or dependent of a full-time employee at JCCC? ☐ Yes ☐ No
6. If you are under the age of 24, are you listed as a dependent on your parent's tax return? ☐ Yes ☐ No
7. If yes, what is their address?

Number ______ Street Name (Do **NOT** abbreviate) ______

City ______ State ______ ZIP ______ – ______

County ______ When did your parents move to this address? __ __ (M M / Y Y)

JCCC Rec'd Stamp

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****Social Security No.** ☐☐☐ ☐☐ ☐☐☐☐
(Please enter again for office processing)

Last Name First Name

PIN ☐☐☐☐☐☐ **(Personal Identification Number is required for registration.) DO NOT USE LETTERS.**
You must create a 6-digit confidential number to access student information and registration (0-9 only). Please retain for future use.

Educational Information (High school transcripts/GED scores are required for all applicants.)

Name of high school City State

Have you graduated from high school? ☐ Yes When? ☐☐ ☐☐ ☐☐ ☐ No Anticipated date of graduation ☐☐ ☐☐ ☐☐

Have you taken the GED? ☐ No ☐ Yes When? ☐☐ ☐☐ ☐☐ At JCCC? ☐ No ☐ Yes

Previous College

List all formal colleges attended since you graduated from high school, including JCCC. You must request that each undergraduate school sends JCCC an official transcript. **Please DO NOT abbreviate college names.**

Name of undergraduate college or university	City	State	Dates attended	Hours earned	Degree earned	Check last attended
			☐☐ – ☐☐ From month/year to month/year ☐☐	☐☐	☐☐☐☐	☐
			☐☐ – ☐☐ From month/year to month/year ☐☐	☐☐	☐☐☐☐	☐
			☐☐ – ☐☐ From month/year to month/year ☐☐	☐☐	☐☐☐☐	☐
			☐☐ – ☐☐ From month/year to month/year ☐☐	☐☐	☐☐☐☐	☐
			☐☐ – ☐☐ From month/year to month/year ☐☐	☐☐	☐☐☐☐	☐

Educational Objectives at JCCC

Which of the following best describes your reason for coming to JCCC? (Check only one.)

☐ Transfer to another college/university	1	☐ Remedy or review basic skills	5
☐ Prepare to enter job market	2	☐ Personal interest or self-improvement	6
☐ Improve skills for present job	3	☐ Prepare to change careers	7
☐ Explore courses to decide on career	4	☐ Undecided	8

***This program is eligible for Financial Aid.**

The following items must be submitted to the Admissions Office before the posted deadline dates in order to be guaranteed consideration:

1. Cosmetology application for admission
2. Official high school transcript/GED scores
3. All college transcripts (official)
4. COMPASS reading score – date of test must be within the last two years.

I certify that the information given is correct and complete. I understand that submission of false information and/or failure to submit supporting transcripts is grounds for denial of admission, re-enrollment or immediate suspension if enrolled. If accepted as a student at JCCC, I agree to abide by the rules and regulations of the college regarding conduct and other obligations. JCCC does not print a student directory; however, student telephone numbers and addresses may be obtained at selected sites on campus. If you do not want others to have access to this information, contact the Admissions and Records Office. By signing this form, you are also agreeing to give four-year colleges and universities permission to share your academic data with Johnson County Community College. The academic information will be used for research purposes only and will be reported as aggregate data only. No individual information will be revealed.

Signature of Student: _____ Date: _____