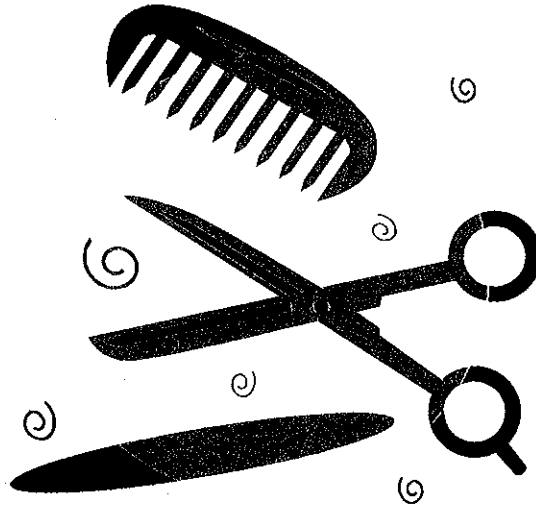
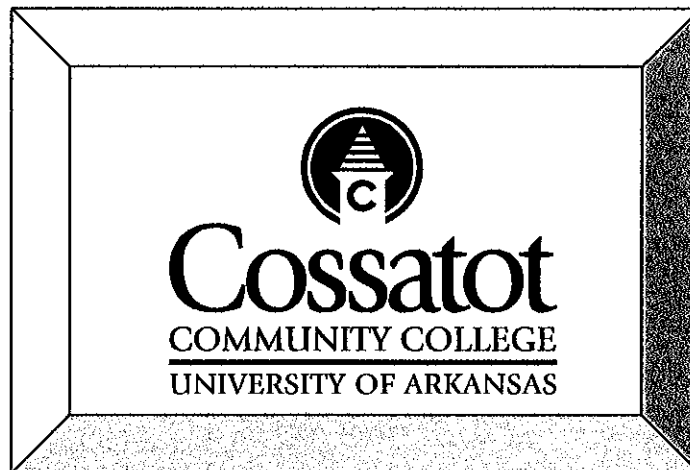


# **Cosmetology Application Packet**



**This packet will only be accepted when it is complete. Packets with incomplete documentation will be returned!**



Dear Applicant:

Thank you for your interest in the Cosmetology program at CCCUA. Cosmetology is an exciting and lucrative career choice that will always be in demand. The Cosmetology program at CCCUA offers state of the art equipment, individual instruction for the latest techniques by highly qualified instructors, and an entrepreneurial focus to prepare you to build your own business.

Due to the popularity of the Cosmetology program, there is often a waiting list for new student admissions. Students with **completed** application packets will be admitted on a first come, first serve basis. To be considered for admission, applicants must have either a high school diploma or a GED and submit all of the pertinent information required by student services.

Please take a few moments to review the cost and payment information in this packet. You will find an **estimation** of the cost of the program. This is an estimate as costs and fees are subject to change. We advise that you begin preparing for your financial obligations at this time. There are several financial aid opportunities available to assist you with the cost including Pell grants, Career Pathways, CAMP, and other grant and scholarship opportunities.

Student equipment kits may be purchased from CCCUA. Kits will contain quality implements. CCCUA receives quantity discounts from suppliers and passes those savings on to the students. Students will be provided with a supply list upon request and are welcome to purchase their own equipment. ***Equipment purchased by individual students is subject to instructor quality inspection and approval.***

Please note that this is a full time program; part-time attendance is not available. The program is designed to take three semesters. School hours are from 8:00 a.m. to 4:00 p.m. Mondays-Fridays. Absences will only serve to lengthen your time in the program as attendance is required to receive clock hours. Students needing additional time beyond three semesters to make up fewer than 100 hours will be charged a fee of \$4 per hour to be paid prior to attending. Students needing to make up more than 100 hours will be enrolled in a fourth semester with all the applicable tuition and fees.

To be considered for admission, applicants must have either a high school diploma or a GED and submit all of the pertinent information required by student services. **All instruction is given in English** and although no prerequisite is required, it is important that you can **speak, read, and understand instructions given in English** well enough to communicate with staff and clients.

Cosmetology is a physically demanding occupation. Students and practitioners can expect to spend up to eight hours on their feet and extended amounts of time with their arms raised above shoulder level. Applicants will not be denied admission due to physical impairment, however, physical requirements should be considered prior to application.

For questions or concerns, please contact Sandra Griffin at e. 246 or Maria Parker at 1.800.844.4471 e. 121.

Regards,

*Maria Parker*

Maria Parker  
Division Chair for Public Service Programs

COSSATOT COMMUNITY COLLEGE  
UNIVERSITY OF ARKANSAS

PLEASE COMPLETE ALL SECTIONS. TYPE OR PRINT IN INK.

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last First Middle Maiden

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security No.: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_  
P.O. Box and Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Email address 1 Email address 2

**PHONE NUMBERS:**

Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Cell: (\_\_\_\_) \_\_\_\_\_ Msg: (\_\_\_\_) \_\_\_\_\_

**EDUCATION (CHECK ALL THAT APPLY):**

- High School Diploma
- GED

**HAVE YOU PREVIOUSLY ATTENDED OR ARE YOU CURRENTLY ENROLLED AT CCCUA?**

- Yes If Yes, Please Give Dates Attended: \_\_\_\_\_ to \_\_\_\_\_
- No

**DO YOU HAVE COSMETOLOGY HOURS TO TRANSFER IN?**

- Yes If Yes, Please Give School Attended \_\_\_\_\_ and hours to transfer \_\_\_\_\_
- No

**SELECT YOUR PREFERRED START DATE:**

- May 26, 2009
- August 24, 2009
- January 19, 2010



- Enrollment Status:  First-time Entering Undergraduate (1)  
 High School Student (13)  
 Entering Undergraduate Transfer Student (3)  
 Readmitted Undergraduate Student (8)  
 Unclassified Post-Baccalaureate (9)

*Based on student's  
previous educational  
experience*

- Enrollment Reason:  Complete Coursework at CCCUA (1)  
 Complete Coursework at Transfer Institution (2)  
 Obtain or Improve Job Skills (3)  
 Acquire or Maintain Licensure (4)  
 Improve Self/Personal Enrichment (Non-Job) (5)  
 Complete Coursework for Concurrent Credit (6)  
 Complete Tech Prep Coursework (7)  
 Explore Educational Opportunities (8)

- Degree Intent:  Degree-Seeking, Certificate of Proficiency Level Programs (7)  
 Degree Seeking, Technical Certificate Level (8)  
 Degree-Seeking, Associate-Level Programs (4)  
 Degree-Seeking, Bacc.-Level at another Institution (6)  
 Degree-Seeking, Student Not 1st-Time Entering: 2nd or more semester with CCCUA(9)  
 Non-Award or Non-Degree Seeking (Undeclared) (3)

Statement of Arkansas Selective Service Status (Act 228 of 1997):

- I certify that I am registered with the Selective Service

I certify that I am not required to register with the Selective Service because:

- I am female.  
 I am in the armed forces on active duty (members of the Reserves or National Guard is not considered on active duty).  
 I have not reached my 18th birthday.  
 I was born before 1960.  
 I am a permanent resident of the Trust Territory of the Pacific Islands or of the Northern Mariana Islands.  
 I am an alien lawfully admitted to the U.S. as a non-immigrant.

Directory type information such as a student's name, address, phone number, date and place of birth, honors and awards, and dates of attendance, may be released on an as-needed basis. If you do not want directory information released, you must advise the Registrar's office, in writing, at the beginning of each semester. Refer to Board Policy 525. Federal law prohibits us from making pre-admission inquiries about disabilities. If you require special supports due to a disability, contact the Disability Support Coordinator at 1-800-844-4471.

Cossatot Community College of the University of Arkansas has an open admission policy and does not discriminate against any individual on the basis of race, sex, color, religion, ethnic origin, financial need, or disability.

I agree to submit all materials which are required for this admission application and I understand failure to do so and/or the furnishing of false, incomplete, or misleading information may at any time result in the termination of my admission and registration at Cossatot Community College of the University of Arkansas.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Revised 6/25/2008

Indicate which of the following is your educational goal:

**Certificate of Proficiency:**

# Student Permit

**PLEASE READ CAREFULLY:** This form must be filed with the Board prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Board's office.

**Required Attachments:** This form must be accompanied by one (1) copy of the student's contract; a copy of the student's drivers license or other form of identification verifying the student's age; proof of education; and a check or money order for the \$20.00 registration fee.

**STUDENT INFORMATION: Print using blue or black ink.**

<b>1</b>	Last Name		First Name (no nicknames)				Middle Name		
<b>2</b>	Maiden Name (if applicable)		<b>3</b>	List any other <u>last</u> name you have ever used					
<b>4</b>	Address Where You Receive Mail		Apt. #	City		County	State	Zip Code	
<b>5</b>	Address Where You Live		Apt. #	City		County	State	Zip Code	
<b>6</b>	Phone ( )	Gender MALE FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
<b>7</b>	Marital Status	SSN	Date of Birth		Place of Birth (City/ State/Country)				

**ENROLLMENT INFORMATION**

<b>8</b>	School Id	Name of Enrolling Beauty School			City			
<b>9</b>	Name of High School Attended			City/State/Country	Grade completed	Year		
<b>10</b>	Type of Cosmetology Training <u>CIRCLE ONE</u>		.COSMETOLOGY	.MANICURE	.INSTRUCTOR	.AESTHETICIAN	.ELECTROLOGY	
<b>11</b>	Schedule to attend <u>CIRCLE ONE</u>		.REGULAR		.VO-TECH		.OTHER	
		.FT	.PT	.AM 1	AM 2	PM 1	PM 2	.NIGHT
<b>12</b>	Date training to begin	<b>13</b>	Number of hours enrolling					

**PREVIOUS ENROLLMENT INFORMATION**

<b>14</b>	Have you ever attended Cosmetology School?	If yes, Name of previous School	City/State	
	.YES NO			
<b>15</b>	Type of Previous Training	<b>16</b>	Number of Hours Acquired	
<b>17</b>	Have you ever been licensed in any phase of Cosmetology?	If yes, what type of license?	Licensed in what State?	Is license current?
	.YES NO			.YES NO

I hereby give my permission to the school to release any information contained in my student file to a representative of the Board who is duly authorized to review my records. Further, I give my permission to the Arkansas State Board of Cosmetology to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Board.

<b>STUDENT</b>	Signature	Today's Date
<b>SCHOOL REPRESENTATIVE</b>	Signature	Today's Date

**BOARD USE ONLY**

<b>ID</b>		<b>PERMIT</b>		<b>RECEIPT</b>		<b>HS</b>		<b>MAT DATE</b>	
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AFFIDAVIT OF BONA FIDE, FULL-TIME STUDENT

STATE OF ARKANSAS )  
 )  
COUNTY OF \_\_\_\_\_ )

COMES \_\_\_\_\_, and after first having been duly sworn states on oath  
Name of Student

as follows:

I, \_\_\_\_\_, reside at \_\_\_\_\_  
Student Name Street Address City Zip

I may be contacted at the following telephone numbers: \_\_\_\_\_  
Home Number Message Number Work Number

I have registered to attend \_\_\_\_\_  
Name of School Cossatot Community College of the U of A

as a full-time student and I certify that I plan to attend school on a full-time basis. I further certify that I have registered to attend school on the following days (as denoted by check marks) and during the hours specified for each day:

DAYS OF ATTENDANCE

HOURS OF ATTENDANCE

Beginning Time Ending Time

<input checked="" type="checkbox"/> Monday	8:00 a.m.	4:00 p.m.
<input checked="" type="checkbox"/> Tuesday	8:00 a.m.	4:00 p.m.
<input checked="" type="checkbox"/> Wednesday	8:00 a.m.	4:00 p.m.
<input checked="" type="checkbox"/> Thursday	8:00 a.m.	4:00 p.m.
<input checked="" type="checkbox"/> Friday	8:00 a.m.	4:00 p.m.
_____ Saturday	_____	_____

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
STUDENT'S SIGNATURE

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

NOTARY  
SEAL

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires: \_\_\_\_\_



## Cosmetology Estimated Cost of Attendance

### In District

### Out of District

#### Semester One:

<b>Tuition</b>	\$672
(14 credits X \$48)	
<b>Fees</b>	1, 135
(Reg., Testing, Library, MIS., Cos. Lab, Facility Fee)	
<b>Books (estimate)</b>	350
<b>Kit</b>	500
<b>Student License</b>	<u>20</u>
	<b>\$2,677</b>

<b>Tuition</b>	\$812
(14 credits X \$58)	
<b>Fees</b>	1, 135
(Reg., Testing, Library, MIS., Cos. Lab, Facility Fee)	
<b>Books (estimate)</b>	350
<b>Kit</b>	500
<b>Student License</b>	<u>20</u>
	<b>\$2,817</b>

#### Semester Two:

<b>Tuition</b>	\$672
(14 credits X \$48)	
<b>Fees</b>	<u>1, 135</u>
(Reg., Testing, Library, MIS., Cos. Lab, Facility Fee)	
	<b>\$1,807</b>

<b>Tuition</b>	\$812
(14 credits X \$58)	
<b>Fees</b>	<u>1, 135</u>
(Reg., Testing, Library, MIS., Cos. Lab, Facility Fee)	
	<b>\$1,947</b>

#### Semester Three:

<b>Tuition</b>	\$672
(14 credits X \$48)	
<b>Fees</b>	<u>1, 165</u>
(Reg., Testing, Library, MIS., Cos. Lab, Graduation, Facility Fee)	
	<b>\$1,837</b>

<b>Tuition</b>	\$812
(14 credits X \$58)	
<b>Fees</b>	<u>1, 165</u>
(Reg., Testing, Library, MIS., Cos. Lab, Graduation, Facility Fee)	
	<b>\$1,977</b>

**Total cost to student: \$6,321**

**Total cost to student: \$6,741**

*\*Add \$144 (\$174 for out of district) to semester one if Success Strategies has not been taken. This course must be taken by or before the first semester of enrollment in the program*

**All tuition and fees must be paid or payment plans must be set up, and financial aid paperwork must be completed by the first day of class.**

<u>Semester</u>	<u>Classes Begin</u>
Fall 2009 semester	August 24
Spring 2010 semester	January 19
Summer 2010 semester	May 24



## **Dates & Deadlines for Financial Aid**

Institutional Scholarships	May 1
<b>Pell Grant</b>	
Fall Semester (Priority Deadline)	May 1
Spring Semester (Priority Deadline)	Nov 1
Summer Semester	Apr 15
<b>SEOG</b>	
Fall Semester	May 1
Spring Semester	Nov1

## **Payment Plan**

CCCUA has made available to students the FACTS Tuition Management Plan. This plan can be accessed by logging onto the [cccu.edu](http://cccu.edu) website and clicking on the 'e-Cashier' logo at "Payment Options Online". Students may set up their own payment plan online at their convenience. Students must be aware of deadlines and set up their payment arrangements in a timely manner to avoid being dropped from the classes they have chosen. The FACTS payment plan is for tuition and fees only. Books and other bookstore items cannot be put on the payment plan. Changes to a student's schedule may result in the adjustment of the payment amount.

- Students must have a checking or savings account or a credit card.
- There is a \$35.00 setup fee to use the FACTS Tuition Management Plan.
- Payments are drafted on the 5th (fifth) of each month until the account is paid in full.

### **Special Notes**

- Students who owe tuition and/or fees from a previous semester will be prohibited from enrolling at CCCUA until the debt is satisfied.
- Student accounts that are delinquent will be turned over to the State of Arkansas for garnishment of their state income tax refund.
- Student accounts that are unpaid or inactive may also be turned over to a collection agency and listed with the credit bureau. Finance charges will be assessed on overdue accounts.
- Transcripts, degrees, certificates or grades will NOT be issued to any student who has an overdue balance at CCCUA. Students with overdue balances are ineligible for work-study, student employment or extra help positions through the College until their indebtedness to the College is resolved.
- The Personnel Office shall do a records check on all former students who apply for employment at the College to determine if there is an unresolved indebtedness to the College.

# **School Calendar**

The Cosmetology program will operate on the following schedule. Classes are held Monday-Friday from 8:00 a.m. to 4:00 p.m. All federal holidays will be observed in accordance with the academic calendar at CCCUA.

## **Fall Semester 2009**

August 24	Classes begin
September 7	Labor Day
November 26-29	Thanksgiving holiday
December 4	End Fall semester

## **Spring Semester 2010**

January 19	Classes begin
March 22-26	Spring Break
May 13	End Spring semester

## **Summer Semester 2010**

May 24	Classes begin
May 31	Memorial Day
August 13	End Summer semester

# **Dress Code**

- **Solid black or solid white tops**
- **Solid black pants, Capri pants or skirts**
  - **Solid black shoes**
    - **Smock**
  - **Hair and Make-up**

Cossatot Community College of the University of Arkansas does not discriminate against qualified individuals with disabilities in the recruitment and admission of students, the recruitment and employment of faculty and staff, and the operation of any of its programs and activities, as specified by the applicable federal laws and regulations. The designated coordinator for compliance with Section 504 of the Rehabilitation Act of 1973, can be reached by calling 870-584-4471V or 800-844-4471V or by contacting Arkansas RELAY Voiced Services for the Deaf and Hearing

## DOCUMENTATION CHECK LIST

***ALL ITEMS ON THIS LIST MUST BE INCLUDED  
BEFORE PACKET WILL BE ACCEPTED***

- Cosmetology Application Form
  - Affidavit of Bona Fide Full-Time Student *(must be notarized)*
  - Student Permit form
  - CCCUA Application for Admission
- Contained  
in this packet*
- Proof of Immunization
  - Official Copy of High School Transcripts or GED scores
  - Placement Scores *(Placement tests can be taken at any CCCUA Testing Center)*
  - \$20 Money Order payable to the Arkansas Board of Cosmetology *(no cash or checks)*
  - Copy of Driver's License

**PLEASE RETURN YOUR  
COMPLETED PACKET TO:**

Sandra Griffin  
P.O. Box 590  
Nashville, AR 71852

**OR BRING IT BY ANY CCCUA LOCATION.**

*If you have any questions, contact Sandra Griffin or  
Maria Parker at 1.800.844.4471*