KISHWAUKEE COLLEGE
Esthetics Program

APPLICATION FOR ADMISSION
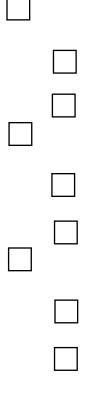
Applications will be considered on a rolling basis with priority given
to those students who apply before June 1.

Personal Information

Kishwaukee College Student ID Number: _____   Date of Birth: _____

Name: _____
           LAST   FIRST   MIDDLE   FORMER LAST NAME (S)

Current Address: _____
                             STREET

An official transcript must be submitted to the Student Services office for all institutions attended.

(A Kishwaukee College transcript is not required)

*Please check that you have completed the following requirements before application is submitted:

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I understand that if I withhold or give false information on this application, it may make me ineligible for admission to the program subject me to dismissal. I certify that all statements are complete and correct to the best of my knowledge.

I hereby authorize Kishwaukee College to personally contact all references and schools I have listed for the purpose of gaining information, which may affect my admission into the _____ program.

I understand that a favorable background check, drug screen and TB screening are required upon admission.

Signature _____

Return this application via email to lciaccio@kish.edu. Mailed applications will not be accepted.

Applicants will be notified of application status via Kish email.

Rev.4/4/2024