KISHWAUKEE COLLEGE

Esthetics Program

APPLICATION FOR ADMISSION

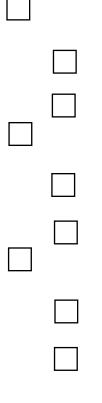
Applications will be considered on a rolling basis with priority given to those students who apply before June 1.

Personal Information			
Kishwaukee College Student ID Number:		Date of Birth:	
Name:			
LAST	FIRST	MIDDLE	FORMER LAST NAME (S)
			_
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:



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 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.

Kishwaukee College does not discriminate on the basis of race, color, ancestry, sex, gender identity and gender expression tation, religion, national origin, age, marital status, pregnancy, physical or mental handicap or disability in its program or activities. Regarding this nondiscrimination policy may be directed to: Dr. Michelle Rothmeyer, Vice President, Student Services, Kishwaukee Celle & Etition 504 Coordinator, 22193 Malta Rd., Malta, IL 60150, & 225-2086 or the mothmeyer@kish.edundividuals requiring accommodations to access and participate in the courses programs services revents KishwaukeeCollegeshould contact Disability Services t815-825-2931 or email ds@kish.edu

Rev.4/4/2024