

COSMETOLOGY PROGRAM APPLICATION

Date: _____ Semester: _____

Name: _____
Last First Middle

Mailing Address: _____
City State Zip Code

E-mail address: _____

Cell Phone Number: _____ Home Phone Number: _____

Birthdate: _____ Social Security Number: _____

Is this your first time applying to ASUTR Cosmetology? Yes _____ No _____

Have you attended any cosmetology school before? Yes _____ No _____

If yes, what school? _____ Number of completed hours: _____

Have you completed the ACCUPLACER Test or taken the ACT?

Required Reading Score: ACCUPLACER minimum score of 256 or ACT minimum score of 18

Reading Scores: _____

Questions about this application or other Cosmetology Program requirements should be directed to:
Ms. Quincie DeLoach, Coordinator | 501-332-0259 | E-mail cosmetology@asutr.edu

***Completed application may be returned to ASUTR Student Affairs,
emailed to cosmetology@asutr.edu,
or sent via postal mail to:***

ASU Three Rivers Cosmetology
ATTN: Ms. Quincie DeLoach
One College Circle
Malvern, AR 72104