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.

Name: LAST FIRST MIDDLE FORMER LAST Current Address: STREET	NAME (S
LAST FIRST MIDDLE FORMER LAST Current Address:	NAME (S
Current Address:	
STREET	
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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.				
		nereby authorize Kishwaukee College to personally contact all refer formation, which may affect my admission into the program.	ferences and schools I have listed for the purpose of gaining		
	l unde	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. Itegrarding this nondiscrimination policy may be directed to: Dr. Michelle Rothmeyer, Vice President, Student Services, Kishwaukee Cell&&&&ttion 504 Coordinator, 22193 Malta Rd., Malta, IL 60150, 8225-2086 or amrothmeyer@kish.edundividuals requiring accommodations to access and participatein the coursesprograms services revents at Kishwaukee Colleges hould contact Disability Services 1815-825-2931 or emailds@kish.edu

Rev.4/4/2024