



ADMISSION APPLICATION

3410 West Market Street
 Johnson City, TN 37604
 423.328.0386

Please complete and submit the entire 2 page application. In complete applications will be returned to you and will delay the decision of your acceptance.

NAME: _____
 (Last) (First) (Preferred name) (MI) (Maiden)

Mailing Address: _____
 (Number & street) (City) (State) (Zip code)

Permanent Address: _____
 (If different) (Number & Street) (City) (State) (Zip code)

Telephone: (_____) _____ Cell phone: (_____) _____

E-mail: _____

Gender: _____ Male _____ Female

Please give a reference: _____ Father _____ Mother _____ Guardian _____ Spouse/Partner _____ Other

 (Name) (Address) (City, State, Zip) (Phone)

Have you ever been convicted of a Felony? _____ Yes _____ No If yes, explain: _____

Which best describes your application status? _____ New Applicant _____ Former Premier Student _____ Transfer

If transfer, from where? _____ Total number of completed hours? _____

When would you like to begin classes? Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Which program are you interested? _____ Cosmetology _____ Instructor _____ Nails _____ Aesthetics

Do you have reliable transportation? _____ Yes _____ No Do you work? _____ Yes _____ No, If yes, where? _____

If you reside out of Tennessee are you planning to obtain license in: _____ TN _____ My state of residence _____ Both

List the level of education:

	Name of Institution	From (month/year)	To (month/year)	Diploma/GED/Degree
High School				
Cosmetology School				
College				

Have you been suspended or dismissed from any cosmetology school or college for academic, attendance, or disciplinary reasons? If yes, please explain _____

To provide you the best education, please let us know if you have an IEP or Special Educational plan so we can make accommodations for your State Board Exam? _____ Yes _____ NO

Employment and Military History- List your employment experience (including military service) for the last 12 months. Additional space as required.

Employer	Street Address	City,State,Zip	From-Month/Year	To-Month/Year
Employer	Street Address	City,State,Zip	From-Month/Year	To-Month/Year
Employer	Street Address	City,State,Zip	From-Month/Year	To-Month/Year

1. Why will you be a great student at Premier Cosmetology Academy,LLC?

2. What obstacles might prevent you from achieving excellent attendance and excellent academic performance?

3. How did you hear of Premier Cosmetology Academy,LLC?

4. What traits do you have that will help you succeed in this industry?

5. What are your long term career goals?

6. Why choose Premier Cosmetology Academy,LLC?

ADMISSION POLICY

- All prospective students must complete an Admissions Application and return it to the campus
- All applications will be reviewed and approved by the campus Admissions Representative and business manager
- Incomplete applications will not be considered for review
- Applications received from an applicant with a felony conviction will be further reviewed by the schools owner, campus Representative and Manager
- Submitting an application does not guarantee admission
- Prospective students will be notified by phone of approval or denial of admission
- In the event a prospective student cannot be reached via phone, a letter will be mailed to the address provide on Admissions Application
- Premier Cosmetology Academy,LLC reserves the right to approve or deny admission based on information gathered from the Admissions Application, during conversations with prospective students or friends and family of prospective students (on the phone or in person), letters written by or on the behalf of a prospective student, or any other form of communication
- Premier Cosmetology Academy,LLC teaches all courses in English ONLY. Tennessee State Board of Cosmetology administers the licensing examination in English and may make accommodations for Spanish speaking.

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from Premier Cosmetology Academy, LLC if later discovered. I further understand that, if I am approved and accepted into the program, it is MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (ie. Diploma, official transcripts, down payment, etc...) to be received by the Admissions Office AT THE TIME OF MY ENROLLMENT. Feel free to attach documents or additional information if you don't have enough space to complete form.

Applicant Signature _____ **Date** _____

FOR OFFICIAL USE ONLY:

Received BY: _____

Date Received: _____