



**KISHWAUKEE
COLLEGE**

KISHWAUKEE COLLEGE

Esthetics Program

OFFICE USE ONLY
Application Received: _____

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 CITY STATE ZIP

Current Phone: _____ Cell Phone: _____

Permanent Address: Same as above

STREET CITY STATE ZIP

Kishwaukee College E-mail Address: _____

Personal Email Address: _____

Educational Information

High School: _____ Year completed: _____

G.E.D.: _____ Year completed: _____

List ALL colleges attended (Including Kishwaukee)
Attended

Dates

_____	_____
_____	_____
_____	_____

Vocational training/Other

Dates Attended

_____	_____
_____	_____

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:**

	OFFICE USE ONLY
Official High School transcript or GED on file in Admissions office.	
Official current transcripts from all colleges/universities attended on file in Admissions office.	
<input type="checkbox"/> I have completed EST 100, Introduction to Massage with a “C” grade or higher. OR <input type="checkbox"/> I am currently enrolled in this course and will be completed by the end of current semester. OR <input type="checkbox"/> I am a LATE START applicant who will enroll in the EST 100 concurrently in the Fall. <input type="checkbox"/> I have completed HLT 122, Introduction to Nutrition with a “C” grade or higher. OR <input type="checkbox"/> I am currently enrolled in this course and will be completed by the end of the current semester. OR <input type="checkbox"/> I am LATE START applicant who will enroll in the HLT 122 concurrently in the fall. <input type="checkbox"/> I have completed PE 162, First Aid and Emergency Response with a “C” grade or higher. OR <input type="checkbox"/> I am currently enrolled in this course and will be completed by the end of the current semester. OR <input type="checkbox"/> I am a LATE START applicant who will enroll in the HLT 122 concurrently in the fall	

REFERENCES: Please list two references. These people should be individuals who can best discuss your personal and/or professional attributes that will contribute to your success in the program.

1. References Name: _____

Reference’s Email address: _____

2. Reference’s Name: _____

Reference’s Email address: _____

<p>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.</p> <p>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.</p> <p>I understand that a favorable background check, drug screen and TB screening are required upon admission.</p> <p style="text-align: center;">Signature _____</p>

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, sexual orientation, religion, national origin, age, marital status, pregnancy, physical or mental handicap or disability in its program or activities. Inquiries regarding this nondiscrimination policy may be directed to: Dr. Michelle Rothmeyer, Vice President, Student Services, Kishwaukee College Title IX/ Section 504 Coordinator, 22193 Malta Rd., Malta, IL 60150, 815-825-2086 or at mrothmeyer@kish.edu. Individuals requiring accommodations to access and participate in the courses, programs, services or events at Kishwaukee College should contact Disability Services at 815-825-2931 or email ds@kish.edu

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