



# COSMETOLOGY APPLICATION



Dear Applicant:

Thank you for your interest in the Cosmetology program at UA Cossatot. Cosmetology is an exciting and lucrative career choice that will always be in demand. The Cosmetology program at UA Cossatot offers state of the art training equipment, individual instruction for the latest techniques by highly qualified instructors, and an entrepreneurial focus to prepare you to build your own business.

Cosmetology is a physically demanding occupation. Students and practitioners can expect to spend up to ten hours standing and extended amounts of time with their arms raised above shoulder level. Applicants will not be denied admission due to physical impairment, however, physical requirements should be considered prior to application.

To be considered for admission, applications must have either a high school diploma or a GED and submit all of the required admissions documents to Student Services. All instruction is given in English and although no prerequisite is required, it is important that you can speak, read, and understand instructions given in English well enough to communicate with staff and clients. Due to the popularity of the program, there is often a waiting list for new student admissions. Students with **completed** application packets will be admitted on a first come, first serve basis.

Please take a few moments to review the estimated costs and payment information in this packet. **This is an estimate as costs and fees are subject to change.** We advise that you begin preparing for your financial obligations at this time. There are several financial aid opportunities available to assist you with the cost including Pell Grants, Career Pathways, and other grant and scholarship opportunities.

Student equipment kits may be purchased from the College. Kits will contain quality implements. UAC receives quantity discounts from suppliers and passes those savings on to the student. Students will be provided with a supply list upon request and are welcome to purchase their own equipment. **Equipment purchased by individual students is subject to instructor quality inspection and approval.**

Please note that this is a full time program. Part-time attendance is not available. The program is designed to take three semesters to complete. School hours are from 8:00 A.M. to 4:00 P.M. Monday-Friday during Spring and Fall semesters, and 8:00 A.M to 6:00 P.M. during the summer semesters. Absences will lengthen your time in the program as attendance is required to receive clock hours. There is an attendance policy allowing on 40 clock hours to be missed during one semester. Students needing additional time beyond three semesters will be enrolled in the following:

<b>Needed clock/credit hours:</b>	<b>Register for:</b>	<b>Approximate cost:</b>
50 or less clock hours	COS 1001 Cosmetology A	Tuition & Fees for 1 Credit Hour + \$100 Cosmo Fee
51-150 or less clock hours 2 or less credit hours	COS 1002 Cosmetology B	Tuition & Fees for 4 Credit Hours + \$300 Cosmo Fee
151-300 or less clock hours 4 or less credit hours	COS 1004 Cosmetology C	Tuition & Fees for 8 Credit Hours + \$600 Cosmo Fee

For questions or concerns regarding the program, please contact Toyia Witherspoon, Cosmetology Program Coordinator and Instructor by emailing [twitherspoon@cccua.edu](mailto:twitherspoon@cccua.edu) or calling 800-844-4471 ext. 1346.

# Documentation Check List

All items on this list must be included before space will be reserved!

- ✓ UA Cossatot Cosmetology Admission Application
- ✓ Student Permit Form with \$20 Money order payable to the Arkansas Department of Health, or \$20 cash. (NO personal checks)
- ✓ Copy of Driver's License
- ✓ Official High School Transcripts or GED scores
- ✓ Placement Scores (ACT, Accuplacer, ASSET, Compass, SAT)
- ✓ Immunization Record – Proof of two (2) MMR vaccinations

Please Return Your Completed Packet to:

UAC/Cosmetology  
1558 Highway 371  
Nashville, AR 71852  
Or return to any UAC location

For questions or concerns regarding the program, please contact Toyia Witherspoon, Cosmetology Program Coordinator and Instructor by emailing [twitherspoon@cccua.edu](mailto:twitherspoon@cccua.edu) or calling 800-844-4471 ext. 1346.

## UA Cossatot Cosmetology Program Estimated Cost for 2018-2019 Academic Year

	<b>FALL 16 HOURS</b>	<b>SPRING 16 HOURS</b>	<b>SUMMER 8 HOURS</b>
<b>IN DISTRICT TUITION</b> \$72.00 per credit hour	\$1,152.00	\$1,152.00	\$576.00
<b>IN STATE/OUT OF DISTRICT TUITION</b> \$85.00 per credit hour	\$1,360.00	\$1,360.00	\$680.00
<b>OUT OF STATE</b> \$100.00 per credit hour	\$1,600.00	\$1,600.00	\$800.00
Academic Support Fee \$8.00 per credit hour	\$128.00	\$128.00	\$16.00
MIS Infrastructure Fee \$9.00 per credit hour	\$144.00	\$144.00	\$16.00
Enterprise Fee \$10.00 per credit hour	\$160.00	\$160.00	\$80.00
Student Success Initiative Fee \$3.00 per credit hour	\$48.00	\$48.00	\$24.00
Campus Improvement Fee \$3.00 per credit hour	\$48.00	\$48.00	\$24.00
Critical Maintenance Fee \$5.00 per credit hour	\$80.00	\$80.00	\$40.00
Security Fee \$5.00 per credit hour	\$80.00	\$80.00	\$40.00
Cosmetology Lab Fee \$150.00 per credit hour	\$2,400.00	\$2,400.00	\$1,200.00
Cosmetology Kit Fee (1 <sup>st</sup> semester only)	\$600.00	\$0	\$0
Student License Fee (1 <sup>st</sup> semester only)	\$20.00	\$0	\$0
Required Textbooks	\$165.00	\$40.00	\$40.00
<b>IN DISTRICT TOTAL \$11,361.00</b>	<b>\$5,025.00</b>	<b>\$4,280.00</b>	<b>\$2,056.00</b>
<b>IN STATE/OUT OF DISTRICT TOTAL \$11,881.00</b>	<b>\$5,233.00</b>	<b>\$4,488.00</b>	<b>\$2,160.00</b>
<b>OUT OF STATE TOTAL \$12,481.00</b>	<b>\$5,473.00</b>	<b>\$4,728.00</b>	<b>\$2,280.00</b>



Thank you for choosing University of Arkansas Cossatot. Our admissions advisors will gladly answer any of your questions. To make your admission process as smooth as possible, we offer the following checklist to prepare you for registration.

**ALL OF THE FOLLOWING DOCUMENTS MUST BE RECEIVED PRIOR TO ENROLLMENT**

\_\_\_\_ **Official High School Transcript or GED Scores**– Provide official transcripts from the high school or home school attended. Per AR Code § 6-80-107 institutions within Arkansas must send electronic transcripts if possible. International transcripts **MUST** be certified and translated into English to be considered. GED graduates must provide GED test scores. *Students who have earned a bachelor’s degree or higher are not required to provide high school transcripts or GED information but must provide official college/university transcripts.*

\_\_\_\_ **Placement Scores** – ACCUPLACER, ACT, ASSET, COMPASS, and SAT are accepted. UA Cossatot Testing Centers administer the ACCUPLACER free of charge after the application for admission has been processed. ACCUPLACER retakes are \$10.00 per section per attempt.

\_\_\_\_ **Proof of (2) MMR Immunization** – Arkansas state law requires proof of two (2) immunizations against measles (rubeola), and one (1) immunization against rubella, and one (1) against mumps. Students may go to the local county health office for additional immunizations if needed. To claim a medical, philosophical, or religious immunization exemption contact the Department of Health at 501-661-2169 or go to <https://www.healthy.arkansas.gov/programs-services/topics/immunizations>. Proof of immunity as documented by serological testing (titer test) must be verified with the Department of Health. Students born before Jan. 1, 1957, are not required to provide proof of immunization.

\_\_\_\_ **Official College Transcripts (if applicable)** – Provide official transcripts from all colleges attended. Per AR Code § 6-80-107 institutions within Arkansas must send electronic transcripts if possible. If you have graduated with a 4-year degree or higher, and submit a college transcript documenting such, the requirement of an official high school transcript may be waived. International transcripts **MUST** be certified and translated into English to be considered.

**Again, thank you for your application for admission.  
We are happy you chose UA Cossatot and we look forward to serving you!**

**UA Cossatot embraces diversity and is committed to improving the lives of those in our region by providing quality education, outstanding service, and relevant industry training.**

*University of Arkansas Cossatot is accredited by the Higher Learning Commission of the North Central Association of Colleges and Schools. Offering technical certification and Associate’s degrees, UAC also collaborates with other colleges and universities to offer bachelors and master’s degrees on its three campuses. UAC is an Equal Opportunity/Affirmative Action Institution in compliance with the Higher Education Act of 1965 and other Civil Rights laws, and offers equal opportunity for admission and employment. Employment preference is given to applicants possessing a Career Readiness Certificate (CRC) with all other qualifications being equal. Programs and activities of UAC are provided to all students without regard to race, color, national origin, religion, age, disability, Vietnam era veteran or special disabled veteran status, or sex. Questions or concerns regarding affirmative action can be directed to the Compliance Officer, c/o UA Cossatot, 183 College Drive, De Queen, AR 71832. For Arkansas RELAY Voiced Services call 711 or 800-285-1121.*

# Admissions Application



# UA Cossatot

183 College Drive • De Queen, AR 71832 • P.800.844.4471 • F.870.642.5088 • [www.cccua.edu](http://www.cccua.edu)

Student ID: _____	[ ] New Student [ ] Readmitted	Term Applying: _____
Major: <u>CC</u>	Advisor: <u>WITT</u>	Degree Lock? <u>   </u>
Entered By/Date: _____	Scanned By/Date: _____	
Holds: HSTR GEDC MATH READ WRIT COLT UPCT IMM1 IMM2 UPIM VIOL LACK: _____		
<i>Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only ----- Office Use Only</i>		

**APPLICATION MUST BE COMPLETED IN FULL – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

Semester Applying for: [ ] FALL [ ] SPRING [ ] SUMMER 20\_\_\_\_\_

Social Security Number: \_\_\_\_\_ MAIDEN/OTHER LAST NAMES USED \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Mailing: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Physical: \_\_\_\_\_  
ADDRESS CITY STATE ZIP

Home Phone: \_\_\_\_\_ Cell / Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Current County of Residence: \_\_\_\_\_

**Ethnicity: (Select All That Apply)**

- Asian [ ] Yes [ ] No
- Black/African American [ ] Yes [ ] No
- Hispanic/Latino [ ] Yes [ ] No
- American Indian/Alaskan [ ] Yes [ ] No
- White [ ] Yes [ ] No
- Hawaiian/Pacific Islander [ ] Yes [ ] No

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY

Sex: [ ] Male (1) [ ] Female (2)

**Residency: (Select 1)**

- [ ] Arkansas Resident (AR)
- [ ] International Student on F1 Visa (IS)
- [ ] Non-Arkansas Resident (NR)

**Citizenship: (Select 1)**

- [ ] U.S. Citizen (US)
- [ ] U.S. Permanent Resident (RA)
- [ ] Other or DACA recipient/applicant (OT)

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Are you a Single Parent? [ ] Yes [ ] No
- Are you a Displaced Homemaker? [ ] Yes [ ] No
- Did you participate in Migrant Program K-12? [ ] Yes [ ] No
- Did you complete college coursework while in High School? [ ] Yes [ ] No
- Is English your first (native) language? [ ] Yes [ ] No
- Did either of your parents graduate from a 4-year college? [ ] Yes [ ] No

United States Military? (Select 1)  
 [ ] No Service (N) [ ] Guard/Reserve (G) [ ] Active Duty (A) [ ] Dependent (D) [ ] Veteran (V)

Are you currently charged with or have you ever been convicted of a violent crime or felony? [ ] Yes [ ] No

**How did you learn about UAC?**

- [ ] Visit with a college representative (V) [ ] Newspaper (N) [ ] Website (W) [ ] Friend or another student (F)
- [ ] Radio (R) (list station) \_\_\_\_\_ [ ] Other (O) \_\_\_\_\_

**Student Level:**

Student's UAC status

- Freshman: I have earned less than 30 hours at UA Cossatot (01)  
 Sophomore: I have earned more than 30 hours at UA Cossatot (02)  
 I am currently in high school (13)  
 I have graduated with 4-year degree or higher and plan to graduate at UA Cossatot (10)  
 I have graduated with 4-year degree or higher and do **not** plan to graduate at UA Cossatot (00)

**High School/GED:**

I have graduated high school (0, H) High School graduation year: \_\_\_\_\_

Name of high school, city, and state: \_\_\_\_\_

I have earned my GED (1, G) GED Year: \_\_\_\_\_ GED State: \_\_\_\_\_

I have not earned a high school diploma or GED (2, C)

**Enrollment Status: Choose 1**

- I am transferring to UA Cossatot (3)  
 I have never attended college before (1)  
 I am a High School Student (13)  
 I have attended UA Cossatot in the past (8)  
 I have graduated with a 4-year degree or higher (9)

**Enrollment Reason: Choose 1**

- I plan to graduate at UA Cossatot (1)

**Degree Intent: Choose 1**

- I plan to graduate with a Technical Certificate (8)

**Statement of Arkansas Selective Service Status (Act 228 of 1997):**

I certify that I am registered with the Selective Service

I certify that I am not required to register with the Selective Service because:

I am female.

I am in the armed forces on active duty (Reserves or National Guard is not considered on active duty).

I have not reached my 18th birthday.

I was born before 1960.

I am a permanent resident of the Trust Territory of the Pacific Islands or of the Northern Mariana Islands.

I am an alien lawfully admitted to the U.S. as a non-immigrant

Other: \_\_\_\_\_

**List all colleges attended, including concurrent credit courses completed while in high school**

COLLEGE NAME	STATE	DEGREE EARNED	DATES ATTENDED

Directory type information such as student name, address, phone number, date and place of birth, honors and awards, and dates of attendance, may be released on an as-needed basis. If you do not want directory information released, you must advise the Registrar's office, in writing, at the beginning of each semester. Refer to Board Policy 525. Federal law prohibits us from making pre-admission inquiries about disabilities. If you require special supports due to a disability, contact Disability Services at 1-800-844-4471.

I agree to submit all materials which are required for this admission application and I understand failure to do so and/or the furnishing of false, incomplete, or misleading information may at any time result in the termination of my admission and registration at the University of Arkansas Cossatot.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



ARKANSAS DEPARTMENT OF HEALTH  
 COSMETOLOGY SECTION  
 4815 West Markham, Slot 8  
 Little Rock, AR 72205  
 (501) 682-2168

# Student Permit

**PLEASE READ CAREFULLY:** This form must be filed with the Cosmetology Section prior to the commencement of the student's training. A student will not receive credit for any hours accrued prior to the date that this form and all required attachments are received by the Cosmetology Section's office.

**Required Attachments:** This form must be accompanied by one (1) copy of the student's contract; a copy of the student's driver's license or other form of identification verifying the student's age; proof of education; and a check or money order for the \$20.00 registration fee.

**STUDENT INFORMATION: Print using blue or black ink.**

<b>1</b>	Last Name		First Name (no nicknames)				Middle Name		
<b>2</b>	Maiden Name (if applicable)		<b>3</b> List any other <u>last</u> name you have ever used						
<b>4</b>	Address Where You Receive Mail		Apt. #	City		County	State	Zip Code	
<b>5</b>	Address Where You Live		Apt. #	City		County	State	Zip Code	
<b>6</b>	Phone ( )	Gender MALE FEMALE	Race (Circle One)	Black	White	Am. Indian	Hispanic	Asian	Alaskan Native
<b>7</b>	Marital Status	SSN	Date of Birth		Email Address (REQUIRED)				

**ENROLLMENT INFORMATION**

<b>8</b>	School Id	Name of Enrolling Beauty School			City			
<b>9</b>	Name of High School Attended			City/State/Country			Grade completed	Year
<b>10</b>	Type of Cosmetology Training <u>CIRCLE ONE</u>		COSMETOLOGY	MANICURE	INSTRUCTOR	AESTHETICIAN	ELECTROLOGY	
<b>11</b>	Schedule to attend <u>CIRCLE ONE</u>		REGULAR		VO-TECH			OTHER
		FT	PT	AM 1	AM 2	PM 1	PM 2	NIGHT
<b>12</b>	Date training to begin		<b>13</b> Number of hours enrolling					

**PREVIOUS ENROLLMENT INFORMATION**

<b>14</b>	Have you ever attended Cosmetology School?	If yes, Name of previous School			City/State			
	YES NO							
<b>15</b>	Type of Previous Training	<b>16</b> Number of Hours Acquired						
<b>17</b>	Have you ever been licensed in any phase of Cosmetology?	If yes, what type of license?		Licensed in what State?		Is license current?		
	YES NO					YES NO		

I hereby give my permission to the school to release any information contained in my student file to a representative of the Cosmetology Section who is duly authorized to review my records. Further, I give my permission to the Cosmetology Section to release my examination results to the school for the purpose of documenting my performance on the state licensing examination administered by the Cosmetology Section.

STUDENT	Signature	Today's Date
SCHOOL REPRESENTATIVE	Signature	Today's Date

**COSMETOLOGY SECTION USE ONLY**

ID	PERMIT	RECEIPT	H5	MAT DATE
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