CENTRAL PIEDMONT
COMMUNITY COLLEGE

# Cosmetology Program Application

Please fill out this form completely.

Your application will not be considered if it is incomplete or if you do not have the minimum required placement test scores.

Date: _____

Print Name: _____

Central Piedmont Student ID Number (not Social Security number): _____

Home Phone Number: _____

Cell Phone Number: _____

Home Mailing Address: _____

_____

Central Piedmont email address (no other email will be accepted): _____

Program Interest:

Associate in Applied Science ☐

Diploma ☐

Full-time ☐

Part-time ☐

Are you left-handed? (for the purpose of appropriate haircutting shears) ☐

If you are accepted, you must attend a mandatory new student orientation before you enroll. Failure to attend the orientation can result in a delay in starting the program.