

## Application

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Please follow the instructions carefully. The materials shown below are necessary to process your application. Incomplete applications will not be accepted and will delay admittance into the program.

**Applications are due no later than dates listed below:**

**Fall Term: June 1      Spring Term: Nov. 1**

- 1. Apply directly to College of DuPage**      [admissions.cod.edu](http://admissions.cod.edu)
  
- 2. Testing Requirements:**      A **reading category level 2** is required for admittance to this program. To determine if you meet the reading requirement go to:  
<https://www.cod.edu/academics/testing/tests/placement/reading/>
  
- 3. Program Application and Statement of Goals:**      Complete the attached application in full before submitting.
  
- 4. References:**      **One letter of reference** that is dated within the last 6 months of the date of this application is required from someone who can address your potential for success in this program based on your performance in a work (paid or volunteer) or classroom setting. Provide a copy of the Reference Letter Form for each individual who is furnishing a reference letter. Acceptable references include employer, counselor, minister, coworker, etc. **Completed Reference Letter form and reference letter must be submitted directly to the Program Support Specialist in a sealed envelope or emailed to [COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu) with Student Name and "Reference Letter" in the subject line.**
  
- 5. Transcripts:**      Please provide an official (**unopened**) copy of your high school and/or college transcripts. A GPA of 2.0 is required to enter the program. Send the official transcript to [recordsoffice@cod.edu](mailto:recordsoffice@cod.edu). COD students do not need to file transcripts.
  
- 6. Email complete packet only:**      Complete the application in full. Send the application, statement of goals, reference letter and unofficial transcripts **with your name in the Subject Line** to:  
  
Tracey Dulceak  
Program Support Specialist  
email: [COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu)

Application for Admission *(continued)*

**APPLICATION INFORMATION**

*(Please include a maiden name if you have been enrolled at COD under that name).*

Name: \_\_\_\_\_  
*Last First Middle Maiden*

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

COD Student Email (username@dupage.edu): \_\_\_\_\_

Other Email: \_\_\_\_\_ COD Student ID #: \_\_\_\_\_

**EDUCATION**

High School: \_\_\_\_\_

Address: \_\_\_\_\_

Dates enrolled: \_\_\_\_\_ GPA: \_\_\_\_\_

Check the term you are applying for:  Fall Term  Spring Term Year \_\_\_\_\_

**Which program are you interested in?**

Full-Time or Part-Time Program?  Full-Time Day  Part-Time Evening

Degree or Certificate Program?  Certificate (COSME.CERT)  Associate of Applied Science (COSME.AAS)

Are you a Technology Center of DuPage student? TCD transcript required by August 1 of each year.

Email to Tracey Dulceak at [COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu)

Do you have some college credit?  Are you a current or returning student?

Are you right-handed?  Left-handed?

**For Office use only.**

Date Reviewed: \_\_\_\_\_

Initials: \_\_\_\_\_

Check box if applicant approved.

Date approved: \_\_\_\_\_

Notes:

**Application for Admission** *(continued)*

*Beginning with the most current date, list all universities, colleges or technical schools you attended prior to enrolling at College of DuPage.*

College or university: \_\_\_\_\_

Address: \_\_\_\_\_

Dates enrolled: \_\_\_\_\_ Major: \_\_\_\_\_

Degree earned *(if any)*: \_\_\_\_\_ GPA: \_\_\_\_\_

College or university: \_\_\_\_\_

Address: \_\_\_\_\_

Dates enrolled: \_\_\_\_\_ Major: \_\_\_\_\_

Degree earned *(if any)*: \_\_\_\_\_ GPA: \_\_\_\_\_

College or university: \_\_\_\_\_

Address: \_\_\_\_\_

Dates enrolled: \_\_\_\_\_ Major: \_\_\_\_\_

Degree earned *(if any)*: \_\_\_\_\_ GPA: \_\_\_\_\_

Please describe any academic honors or extracurricular activities in which you were involved:

**PROGRAM PREREQUISITE**

A **2.0 GPA** and a **reading category level 2** or higher; or a 2.6 high school GPA on a 4.0 scale is required for admittance to this program. **Please check with your high school to determine if you are on a 4.0 or 5.0 scale.**

Date completed: \_\_\_\_\_

Transcripts sent on: \_\_\_\_\_  
*Date*

**Application for Admission** *(continued)*

**STATEMENT OF GOALS:**

Describe your reasons for wanting to enroll in the Cosmetology Program at College of DuPage. You may include such information as your past work experience, your career aspirations, and other information that demonstrates your interest in pursuing the cosmetology profession. This Statement of Goals must be at least 300 words in length, and written in complete sentences.

**Application for Admission** *(continued)*

**Attestation:** I affirm that the information provided in this application is true and correct. I understand that College of DuPage has the right to withhold admission or revoke acceptance to the program to anyone who is found to have provided false information in this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Note:**

**Completion of the program offers no guarantee of employment.** Students are provided with resources and guidance for job-searching but the college cannot guarantee employment in the field. Before completing the program, students are expected to secure an internship in a salon. The salon must be approved by the Program Coordinator. College of DuPage Career Services may assist in finding a salon for your internship.

Please initial to indicate your understanding of the above Program Note. Initials: \_\_\_\_\_

**PLEASE NOTE:** If you should change your mind about attending the program, please notify the Program Support Specialist so the next person on the waitlist may enter.

## Application for Admission *(continued)*

### To the Applicant for the Cosmetology Program:

Please fill out the top portion of this form and give it to the individual providing your letter of reference. *One letter is required.*

Name: \_\_\_\_\_  
*Last Name                      First Name                      Middle Initial                      Previous or Other Surname(s)*

Address: \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP*

\_\_\_\_\_ *Applicant's Signature* \_\_\_\_\_ *Date*

I request a Reference Letter from the individual identified below.

### To the Individual Providing the Reference Letter:

Thank you for your willingness to write a reference letter for the applicant named above who is applying to the Cosmetology Program at College of DuPage. Please fill in the information requested. For your reference letter, please use letterhead stationery with the name, address and phone number of your institution, place of employment, or other identifying information, and sign and date your letter.

Reference Name: \_\_\_\_\_  
*Last Name                      First Name                      Middle Initial                      Previous or Other Surname(s)*

Address: \_\_\_\_\_  
*Number and Street*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

In your letter, please give your personal assessment of the applicant's ability to succeed in the Cosmetology Program at College of DuPage. Please attach this form to your letter.

How long have you known the applicant? \_\_\_\_\_

You may share my letter with applicant. *(Check one)*     Yes     No

\_\_\_\_\_ *Applicant's Signature* \_\_\_\_\_ *Date*

Your reference letter should be based on your knowledge of the applicant gained through a shared work (either paid or unpaid) or classroom experience, or a similar experience involving responsibility, professionalism, and integrity on the part of the applicant. **Relatives may not be used as a reference.**

Please email reference letter and this completed form with **Student Name and "Reference Letter"** in the subject line to:

Tracey Dulceak  
 Program Support Specialist  
[COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu)