

## 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 June 1, 2021.**

**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.

All TCD transfer students to COD MUST attend summer school.

**1. Apply to College of DuPage**

admissions.cod.edu  
**A \$20 fee is required.**

**2. Program Application and Statement of Goals**

Complete the attached application in full. Type your statement of goals on a separate sheet of paper and include it with your application.

**3. References**

**One letter of reference** that is dated within the last six months of the date of this application are required from a TCD faculty 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 the individual who is furnishing a reference letter. **Reference letter must be attached to the application.**

**4. All documents are to be emailed as an attachment to [COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu):**

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

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

**ALL STUDENTS MUST ATTEND SUMMER SCHOOL FOR ADMITTANCE**

**APPLICATION INFORMATION**

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: \_\_\_\_\_

Which program are you interested in?

Full-Time Day Program

Certificate Program (COSME.CERT)

Part-Time Evening Program

Associate in Applied Science Program (COSME.AAS)

Are you a Technology Center of DuPage student?  Yes  No

If yes, anticipated hours when completing summer program \_\_\_\_\_

Are you right-handed?  Left-handed?

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

**STATEMENT OF GOALS:**

Describe your reasons for wanting to enroll in the Cosmetology Program at College of DuPage on a separate sheet of paper. 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, TYPED on a separate sheet of paper.**

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

**Testimony:** 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: \_\_\_\_\_

Submit all information via  
email to: [COSMEapplication@cod.edu](mailto:COSMEapplication@cod.edu)

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

***Do not write below this line.***

Date reviewed by College Representative: \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

Check box if applicant approved.

Date that Office of Student Records was advised of program admission: \_\_\_\_\_

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 individuals providing your letters of reference. *Two (2) letters are 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 both your reference letter and this completed form to:

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