

[10003] APPLICATION FOR ADMISSION
International College of Beauty, Arts & Sciences 0434-01
 5225 W. San Fernando Rd - Los Angeles, CA 90039

Personal Data:

Name: _____
 (Last) (First) (MI)

Address _____
 (Street) (City) (State) (Zip Code)

Phone No.: _____ Email: _____ SSN: _____

Date of Birth: _____ Sex: Female Male Citizenship: US Alien No. A- _____ Other

Handicap that may affect your job limitations, if any: _____ Veteran (US): Yes No

As of today, are you? Single Married Separated Divorced Widowed No. of dependent children: _____

Housing during enrollment: With parents Own place (Renting/Buying) On campus

Race/Ethnicity: (*This information is required for statistical reporting to IPEDS, a contractor of the U.S. Department of Education*)
 Hispanic/Latino or Select one or more: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or Other Pacific Islander White

Educational Data: *Diploma, Certificate or Degrees earned that are equivalent and recognized by the United States educational system!! please read carefully!!*

HIGH SCHOOL: (*If needed, use AACRAO for reference in recognized foreign educational levels*)
 Check this box ONLY if you have completed U.S. High School or its equivalent
 If you have not completed High School or its equivalent, provide last U.S. equivalent grade completed _____

Certificate, Diploma or Degrees earned within USA or abroad by the applicant: (*Check as many as applicable*)
 High School Diploma/Certificate/Trade Associate Bachelor Masters Ph.D.
 Last School Attended _____ Last Year Attended or Graduation Date _____
 Financial Aid History: Received Aid? Yes No If yes, do you owe a refund or defaulted on a loan? Yes No

Employment Experience:

Name of current or prior employer: _____
 Address: _____
 (Street) (City) (State) (Zip Code) (Phone #)

Position Held: _____ Dates of Employment: from _____ To _____
 Rate of Pay: _____ Per Hour Per Week Per Month Reason for Leaving: _____

Family Data and Emergency Contact:

	Father	Mother	Emergency Contact
Name	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Phone	_____	_____	_____

Personal Reference: (*You must provide complete references that are NOT family members*)

Name	_____	_____	_____
Address	_____	_____	_____
City/State/Zip	_____	_____	_____
Phone	_____	_____	_____

How did you hear about our school?	_____	Referred by:	_____
What course of study would you be interested in enrolling?	_____	Would you enroll	Full time <input type="checkbox"/> or Part time <input type="checkbox"/>
How soon would you be able to start school?	_____		
Males ages 18-26: Are you registered with Selective Service?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Must be registered for Federal Aid (See the FAO for assistance)	_____
Females: Are you expecting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	This question relates to possible job hazards during a pregnancy period	
Do you have a felony record?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please check (if applicable) your eligibility for the State Board Licensing Exam.	

I certify that all the information on this form is true and correct to the best of my knowledge. I also understand that if required, I must provide supporting documentation of the information reported.

Applicant's Signature: _____	Date: _____
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