



Total Transformation
Institute of Cosmetology

Application for Enrollment

Name: _____
First Middle Last

Address: _____
Street City State Zip

Mailing Address: _____
Street City State Zip

Email: _____ **SSN:** _____

Cell Phone: _____ **Alternate Phone:** _____

Date of Birth: _____ **Marital Status:** **M** **S** **D** **W**

- ☐ Cosmetology Operator ☐ Barber ☐ Esthetician ☐ Manicurist ☐ Manicurist/Esthetician
- ☐ *Hybrid-Cosmetology Operator ☐ *Hybrid-Barber ☐ *Hybrid-Esthetician ☐ *Hybrid-Manicurist ☐ *Hybrid-Manicurist/Esthetician
- ☐ Eyelash Extensionist ☐ Operator Crossover

*Hybrid Program Schedules are limited to Full-Time and ¾ Time

Daytime Schedule: ☐ Full-Time (34 Hrs a week)
Mon 8:30 am – 12:30 pm
Tue – Fri 8:30 am - 4:30 pm

☐ ¾ Time (28 Hrs a week)
Mon 8:30 am – 12:30 pm
Tue – Fri 8:30 am - 2:30 pm

☐ ½ Time (20 Hrs a week)
Mon 8:30 am – 12:30 pm
Tue – Fri 8:30 am - 12:30 pm

Evening Schedule: ☐ ¾ Time (28 Hrs a week)
Mon – Wed 04:30 pm – 10:00 pm
Thur – Fri 04:15 pm – 10:00 pm

☐ ½ Time (20 Hrs a week)
Mon – Fri
6:00 pm – 10:00 pm

If a transfer student, hours needed: _____ Previous school: _____

Start Dates:

09/08/2025	09/22/2025	10/06/2025	10/20/2025	11/03/2025	11/17/2026	12/01/2025
12/15/2025	01/12/2026	01/26/2026	02/09/2026	02/23/2026	03/09/2026	03/23/2026
04/06/2026	04/20/2026	05/04/2026	05/18/2027	06/01/2026	06/15/2026	06/29/2026

Education: High School diploma GED certificate Current high school student

Name of High School: _____

City: _____ State: _____ Graduation Date (MM/DD/YY): _____

How did you hear about the school? _____

Applicant Signature

Date