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:

	10/26/2026	11/02/2026	11/09/2026	11/16/2026	11/23/2026	11/30/2026	12/07/2026
	12/14/2025	12/21/2026	12/28/2026	01/04/2027	01/11/2027	01/18/2027	01/25/2027
	02/01/2027	02/08/2027	02/15/2027	02/22/2027	03/01/2027	03/08/2027	03/15/2027

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