

For Office Use Only
Application postmarked: _____
Entered in database: _____

Santa Barbara City College
Cosmetology Academy
Program Application

Please Print Clearly

Name: _____ Telephone (____) _____
Last First Middle Initial

Note: Please use your complete legal name, as it will appear on your Santa Barbara City College Admission Form.

Mailing Address:

Street Apt. No. City State Zip

How did you learn about the SBCC Cosmetology Program? _____

Please place my name on the waiting list for the following class(es) indicated by a check:

Cosmetology Full-Time Day Esthetician Full-Time Day

NOTE: If you are viewing the application online please view information packet for orientation dates on left hand side of website under this application.

If you have previously attended a cosmetology school, please answer the following:

- What is the name of the previous school? _____
- In what state is the school located? _____
- How many hours did you complete? _____
- Do you have official proof of hours completed? __Yes __No
 - Applicants with previous **hours from a California cosmetology school** must bring official proof of training/hours to the Orientation Meeting.
 - Applicants with previous **hours from an out-of state school** must contact the California Board of Barbering and Cosmetology to determine the number of hours transferable toward California licensure.

Important Information

The California State Board of Barbering and Cosmetology requires that every applicant for the license exam

- Provide a government issued photo id
- Disclose their social security number
- Have completed the 10th grade and be at least 17 years of age
- Provide information regarding any conviction of a criminal offense or plea of no contest

Detailed information may be obtained by reading the Board of Barbering and Cosmetology Application for Examination.

I understand that I am responsible for purchasing:

- Textbook package, Kit and solid-colored black and/or solid-colored white clothing and solid-colored black or solid-colored white closed-toed shoes as part of my uniform by the first day of class.

I certify under penalty of perjury that all information I have included in this application is correct.

Signature: _____ Date: _____

Please mail or deliver this application to: SBCC Cosmetology Academy
ATTN: Application Dept.
5160 Hollister Ave.
Santa Barbara, CA 93111

Applications are accepted in order of date received (if personally delivered) or date of postmark (if mailed).