



Arkansas Tech University-Ozark Campus
1700 Helberg Lane
Ozark, AR 72949

COSMETOLOGY APPLICATION

(Application deadlines are June 1 for the fall semester and Oct. 1 for the spring semester)

Application Date: _____ Applying for Semester: Spring / Fall Year: _____
(circle one)

Name: _____
Last First Middle Maiden

Mailing Address: _____
Street or Route County

City State Zip Code

E-mail address: _____

Student ID #: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Message Phone: (____) _____

Date of Birth: Month _____ Day _____ Year _____

Gender: Male Female

Applicant's Signature: _____

I understand that it is my responsibility to make sure my contact information stays up to date with the Office of Student Services.

Application must be turned in (in person or by mail) to the Office of Student Services.