

Technology Center of DuPage School of Cosmetology

301 S Swift Road, Addison, IL 60101

**Matriculation Application**

**NOTICE TO THE STUDENT:**

**DO NOT SIGN THIS CONTRACT BEFORE YOU READ IT OR IF IT CONTAINS ANY BLANK SPACE(S). YOU ARE ENTITLED TO AN EXACT COPY OF THIS CONTRACT:**

**COMPLAINTS AGAINST THIS SCHOOL MAY BE REGISTERED WITH THE DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION. At Illinois Department of Financial and Professional Regulation, Division of Professional Regulation, Complaint Intake Unit, 100 West Randolph Street, Suite 9-300, Chicago IL, 60601 telephone 312-814-6910**

S.S.# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Home phone \_\_\_\_\_ Sending School \_\_\_\_\_

Full Name of Applicant (print) \_\_\_\_\_

Home Address \_\_\_\_\_

(Street number)

(City and state)

(Zip)

Date of graduation from \_\_\_\_\_

(Grammar school) (High school)

\_\_\_\_\_  
(Business College etc)

Training in the Beauty Culture profession, if any, in months and years \_\_\_\_\_

If registered in Illinois or any other state, give certificate number, date and grade:

\_\_\_\_\_  
(Certificate number)

(Date)

(Grade)

I hereby make application for admission to a course of instruction in the Cosmetology Profession, consisting of 1500 hours as taught in your school, and as required by the Department of Financial and Professional Regulation as a Licensed Cosmetologist.

I agree to abide by the rules and regulations in effect or which may become effective in your school during my period of enrollment as a student.

I understand that I will be eligible to take the examination for the licensure as a certified cosmetologist under the law, when I have received a diploma from The Technology Center of DuPage School of Cosmetology.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date of enrollment