

# Diamonds Cosmetology College

3321 Loy Lake Rd.  
Sherman, TX 75090  
(903)891-0758

# Admission Application

Please Complete the entire application  
and return to DCC Admissions Office.  
Incomplete applications will delay acceptance  
decision.

Name: \_\_\_\_\_  
Last Name First Name M.I Maiden Name

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Number & Street City State Zip Code

Permanent Address: \_\_\_\_\_  
Number & Street City State Zip Code

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Gender: Male  Female

Nearest Relative: Father  Mother  Guardian  Spouse

Name Address City, State, Zip Phone Number

Which best describes your application status?  New  Transfer  Former DCC Student

If transfer, what school? \_\_\_\_\_ How many hours do you have? \_\_\_\_\_

When would you like to begin classes? \_\_\_\_\_

Which program are you interested in? \_\_\_\_\_

Which schedule are you interested in?  MTW  WThF

Do you have reliable transportation?  Yes  No

Do you work?  Yes  No If yes, where? \_\_\_\_\_

Do you live outside of Texas?  Yes  No

If yes what State do you plan to get licensed? \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No

If yes, explain: \_\_\_\_\_

## Education

Please list the last high school you attended and your status when you left (i.e. Grad, GED, Withdrew.)

**List all educational institutions you have or are attending.**

Name of Institution, City, State From (Mo./Yr.) To (Mo./Yr.) Diploma/GED/Degree

High School: \_\_\_\_\_

Cosmetology School: \_\_\_\_\_

College: \_\_\_\_\_

Do you have previous Student Loans? Yes  No  If so, what is the Balance? \_\_\_\_\_

Have you ever been suspended or dismissed from any college or cosmetology school for academic,  
attendance or disciplinary reasons?  Yes  No

If yes, please explain: \_\_\_\_\_

To provide the best education, please let us know if you have a IEP or Special Education plan so we

can make accommodations for your State Board Exam.

 Yes No

## Employment and Military History

List your employment experience (including military service) for the last 12 months.

Employer	Street Address	City, State, Zip	From(mo./yr.) To (mo./yr.)
Employer	Street Address	City, State, Zip	From(mo./yr.) To (mo./yr.)
Employer	Street Address	City, State, Zip	From(mo./yr.) To (mo./yr.)

### Please answer the following questions.

1. How did you hear about DCC and why did you choose it? \_\_\_\_\_

2. Why will you be a great student at Diamonds? \_\_\_\_\_

3. What obstacles might prevent you from achieving excellent attendance and academic performance? \_\_\_\_\_

4. What traits do you have that will help you succeed in the beauty industry? \_\_\_\_\_

5. What are your long-term career goals? \_\_\_\_\_

## Admission Application Policy

All prospective students must complete an Admission Application and return it to the Admission office at DCC.

All applications will be reviewed by the admissions office and the Schools Director.

Incomplete applications will not be considered for review.

Applicants with a felony conviction or excessive student loans will be further reviewed by the schools Director.

Prospective Students may be subject to random interviews with the schools Director.

Submitting an application does not guarantee admission.

Prospective students will be notified by phone of approval or denial of admission

Diamonds Cosmetology College reserves the right to approve or deny any admission based on information gathered from the admission application, or conversations with the prospective student or friends and family members of the prospective student.

I certify that to the best of my knowledge, the information given in this application is true. I understand any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application or dismissal from DCC is later discovered. I further understand that, if I am approved and accepted into the program, its MY RESPONSIBILITY to arrange for ALL ADMISSION CREDENTIALS (diploma, official transcripts, down payment, etc.) to be received by the Admissions Office at the time of my enrollment.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only:*

Date application received: \_\_\_\_\_

Received by: \_\_\_\_\_

1

2

-

\_\_\_\_\_

n,

2

.

.