



Admission Application

Name: _____ | _____ | _____ | _____ | _____
Last name First name Preferred first name M.I. Maiden

Mailing address: _____
Number & street City State Zip code

Permanent address: _____
(if different) Number & street City State Zip code

Telephone: (_____) _____ Cell phone: (_____) _____

E-mail: _____

Gender: Male Female HOW DID YOU HEAR ABOUT US? _____

Date of birth: ____ | ____ | ____ High School Diploma _____ GED _____
MM DD YYYY

Have you ever been convicted of a felony? Yes No If yes, explain: _____

Which best describes your application status? New applicant Former AOC student Transfer
If transfer, from where? _____ How many hours do you currently have? _____

Which program are you interested in? Cosmetology Manicuring Barber, Restricted Barber
 Full Specialist (Skin Care/Nails) Massage
 Skin Care

Which campus location would you like to attend? Merritt Island Melbourne

Do you have reliable transportation? Yes No

Please list your goals that you wish to achieve upon becoming licensed. _____

I certify that to the best of my knowledge, the information given in this application is true. I understand that any omission or misrepresentation of facts will be cause for refusal of admission, cancellation of application, or dismissal from Academy of Cosmetology if later discovered. I further understand that, if I am approved and accepted into the program, it is 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: _____

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Merritt Island, FL 32953

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