



Program Application For:

_____ Cosmetology - January Start

_____ Cosmetology- August Start

_____ Cosmetology- Wood Tech

_____ Esthetics

APPLICANT INFORMATION

Full Name:

Last

First

M.I.

Date

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Cell Phone:

Email _____

WVUP ID# _____

EDUCATION

High School Attended? _____

Did you Graduate? _____ **Year Graduated?** _____

College Attended: _____

Year Graduated? _____

Degree Obtained? _____

College Attended: _____

Year Graduated? _____

Degree Obtained? _____

Other Schooling: _____

Degree Obtained? _____

Statement of Moral Character:

All applicants must answer Questions #1-5 of the application by answering yes or no and providing an explanation if necessary

Have you ever committed an act of academic dishonesty resulting in disciplinary action by the school?	Click or tap here to enter text.
Have you ever or are you currently abusing prescription or over the counter medication?	Click or tap here to enter text.
Have you ever or are you currently using illegal drugs?	Click or tap here to enter text.
Do you currently possess any condition, which may in any way impair your ability to practice or otherwise alter your behavior as it relates to the practice of cosmetology	Click or tap here to enter text.
Is there any reason you could not pass a drug screening exam?	Click or tap here to enter text.
If you answered yes to any of the questions above please provide explanation below-	Click or tap here to enter text.
Click or tap here to enter text.	

I affirm that the information I have provided on this application form and all other admission application materials are complete, accurate, and true to the best of my knowledge. I give my permission for WVU Parkersburg to contact any institution or person listed to verify this information. Providing false information on this application is grounds for denial of admission or dismissal from the program.

Digital Signature

Date
