

Application



FOR ADMISSIONS CALL 800-787-6456

CONTACT INFO

NAME _____ MAIDEN NAME _____
 ADDRESS _____ CITY/STATE/ZIP _____
 PHONE _____ ALTERNATE PHONE _____
 EMAIL _____

PERSONAL INFORMATION

SOCIAL SECURITY # _____ DATE OF BIRTH _____
 U.S.CITIZEN PERMANENT RESIDENT PLACE OF BIRTH (CITY/STATE) _____
 OTHER (PLEASE EXPLAIN) _____

COURSE INFO

I INTEND TO BEGIN CLASSES IN: 2010 2011
 I AM INTERESTED IN: FULL-TIME PART-TIME
 I WOULD LIKE TO BEGIN CLASSES IN: JANUARY FEBRUARY MARCH APRIL MAY JUNE
 JULY AUGUST SEPTEMBER OCTOBER NOVEMBER DECEMBER

CAMPUS PREFERENCE

ARIZONA:	<input type="checkbox"/> EAST TUCSON <input type="checkbox"/> TOLLESON	<input type="checkbox"/> MESA	<input type="checkbox"/> METRO CENTER	<input type="checkbox"/> NORTH TUCSON
ARKANSAS:	<input type="checkbox"/> FAYETTEVILLE	<input type="checkbox"/> LITTLE ROCK		
COLORADO:	<input type="checkbox"/> FORT COLLINS	<input type="checkbox"/> LAKEWOOD	<input type="checkbox"/> WESTMINSTER	
FLORIDA:	<input type="checkbox"/> FORT MYERS	<input type="checkbox"/> JACKSONVILLE-ORANGE PARK	<input type="checkbox"/> JACKSONVILLE-REGENCY	
ILLINOIS:	<input type="checkbox"/> AURORA-NAPERVILLE <input type="checkbox"/> FAIRVIEW HEIGHTS	<input type="checkbox"/> CHAMPAIGN <input type="checkbox"/> JOLIET	<input type="checkbox"/> CRYSTAL LAKE <input type="checkbox"/> PEORIA	<input type="checkbox"/> DARIEN <input type="checkbox"/> ELGIN <input type="checkbox"/> ROCKFORD <input type="checkbox"/> TINLEY PARK
INDIANA:	<input type="checkbox"/> AVON <input type="checkbox"/> MERRILLVILLE	<input type="checkbox"/> EVANSVILLE <input type="checkbox"/> SOUTH BEND	<input type="checkbox"/> GREENWOOD	<input type="checkbox"/> INDIANAPOLIS-CASTLETON
KANSAS:	<input type="checkbox"/> OLATHE	<input type="checkbox"/> TOPEKA	<input type="checkbox"/> WICHITA	
LOUISIANA:	<input type="checkbox"/> SHREVEPORT			
MARYLAND:	<input type="checkbox"/> BALTIMORE			
MICHIGAN:	<input type="checkbox"/> DETROIT-SOUTHGATE <input type="checkbox"/> LANSING	<input type="checkbox"/> DETROIT-LAKESIDE	<input type="checkbox"/> FLINT	<input type="checkbox"/> GRAND RAPIDS
MINNESOTA:	<input type="checkbox"/> BLAINE <input type="checkbox"/> ST. CLOUD	<input type="checkbox"/> BURNSVILLE <input type="checkbox"/> RIDGEDALE	<input type="checkbox"/> DULUTH	<input type="checkbox"/> MAPLEWOOD
MISSOURI:	<input type="checkbox"/> INDEPENDENCE	<input type="checkbox"/> MEHLVILLE	<input type="checkbox"/> ST. PETERS	<input type="checkbox"/> SPRINGFIELD
NORTH CAROLINA:	<input type="checkbox"/> CHARLOTTE	<input type="checkbox"/> DURHAM	<input type="checkbox"/> WINSTON-SALEM	
OHIO:	<input type="checkbox"/> AKRON <input type="checkbox"/> EASTGATE	<input type="checkbox"/> CANTON <input type="checkbox"/> NORTH OLMSTED	<input type="checkbox"/> CLEVELAND <input type="checkbox"/> TOLEDO	<input type="checkbox"/> COLUMBUS <input type="checkbox"/> DAYTON <input type="checkbox"/> TRI-COUNTY
SOUTH CAROLINA:	<input type="checkbox"/> COLUMBIA	<input type="checkbox"/> SPARTANBURG		
TENNESSEE:	<input type="checkbox"/> CHATTANOOGA	<input type="checkbox"/> KNOXVILLE	<input type="checkbox"/> NASHVILLE	<input type="checkbox"/> NORTH-NASHVILLE
TEXAS:	<input type="checkbox"/> ARLINGTON <input type="checkbox"/> HOUSTON-COPPERWOOD <input type="checkbox"/> ROUND ROCK	<input type="checkbox"/> AUSTIN <input type="checkbox"/> HOUSTON-SOUTHWEST	<input type="checkbox"/> CYPRESSWOOD <input type="checkbox"/> MESQUITE	<input type="checkbox"/> EL PASO <input type="checkbox"/> PASADENA
VIRGINIA:	<input type="checkbox"/> MANASSAS	<input type="checkbox"/> ROANOKE		
WISCONSIN:	<input type="checkbox"/> GREENFIELD	<input type="checkbox"/> MADISON		

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EDUCATIONAL HISTORY

SCHOOLS ATTENDED:

HIGH SCHOOL NAME _____ HIGH SCHOOL CITY _____

- HIGHEST LEVEL OF EDUCATION: CURRENT HS SENIOR/ GRADE 12
 HIGH SCHOOL JUNIOR OR BELOW
 HIGH SCHOOL DIPLOMA/ GED
 COLLEGE OR UNIVERSITY 1+ YEARS
 COLLEGE OR UNIVERSITY GRADUATE

GRADUATION DATE OR LAST DATE ATTENDED _____

POST-SECONDARY SCHOOL NAME _____ SCHOOL CITY AND STATE _____

START DATE _____ END DATE _____

DEGREE OR CERTIFICATE _____

HAVE YOU PREVIOUSLY ATTENDED COSMETOLOGY SCHOOL?

- YES NO IF YES, ARE YOU TRANSFERRING HOURS? YES NO

COSMETOLOGY SCHOOL NAME _____ SCHOOL CITY AND STATE _____

STATEMENT OF INTEREST

At Regency Beauty Institute, we are committed to creating a dynamic environment that encourages growth and well-being. We provide expert faculty, upscale facilities, and specialized programs to help you channel your creativity and launch a successful career. At the same time, we are committed to delivering high quality, personalized guest services and producing exceptional salon professionals. Please describe your goals and why you believe Regency Beauty Institute will help you achieve them:

SIGNATURE _____ DATE _____

PLEASE MAIL APPLICATION TO:
REGENCY BEAUTY INSTITUTE
ATTN: ADMISSIONS
7100 NORTHLAND CIRCLE, SUITE 312
BROOKLYN PARK, MN 55428

IF YOU PREFER TO FAX YOUR APPLICATION:
FAX: 866-553-4166
ATTN: ADMISSIONS

(THIS APPLICATION CREATES NO OBLIGATION FOR THE APPLICANT AND DOES NOT GUARANTEE ACCEPTANCE INTO A COURSE OR CLASS.)

WWW.REGENCYBEAUTY.COM