



## **AESTHETIC PROGRAM**

### **APPLICATION**

To be eligible for admissions to the Aesthetics program, this application packet must be completed and submitted to Ms. Vicki Frans.

- Fall Application period opens on April 13<sup>th</sup> and closes June 22<sup>nd</sup>
- Spring Application period opens September 1<sup>st</sup> and closes November 4<sup>th</sup>
- Applications received after the due date will not be processed.
- Class seating is limited to 10
- This packet must be scanned and emailed to [Vicki\\_frans@asun.edu](mailto:Vicki_frans@asun.edu)

It is the applicant's responsibility to ensure that the application is submitted by the appropriate deadline. All applications will be reviewed and selections determined by June 30<sup>th</sup> for the Fall term and November 13<sup>th</sup> for the Spring term. A letter of notification will be sent to the email address and physical address on this application to each student that applies.

## Application Checklist

**Incomplete applications or applications with missing items will not be processed**

- Application-completed, signed and dated
- College Entrance Exam Scores:  
Required:
  - ACCUPLACER: Reading Score: 80 or higher
  - COMPASS: Reading Score: 83 or higher
  - ACT: Reading Score: 19 or higher Essay:
  - Completion of an Associate's Degree (transcript required)
- Three (3) letters of recommendation.
- A current ASU-Newport Student ID Number: \_\_\_\_\_  
you must have been accepted to ASU-Newport to receive a valid ID number. You may complete an application at [www.asun.edu](http://www.asun.edu). Call 870-512-7800 if you have questions concerning the application process.
- Original copy of high school transcript or GED

**Arkansas State University-Newport  
at Marked Tree  
Aesthetics Program**

COMPLETE ALL SECTIONS

---

Name: \_\_\_\_\_  
Last First Middle Maiden

Address: \_\_\_\_\_  
Mailing Address Only

\_\_\_\_\_  
City State Zip County

Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female

E-Mail: \_\_\_\_\_  
Please print legibly

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Have you previously attended a Cosmetology/ Aesthetics Program? YES NO  
If yes, please explain:

**I affirm that all information supplied is complete and accurate. I understand that any misrepresentation of facts on this application could be cause for refusal of admission, cancellation of admission or suspension from college.**

**I understand that if selected for the Aesthetics Program, I will be required to attend a program orientation. For the orientation, I will be required to bring a current Driver's License (or ID) and a money order made out to the Arkansas Department of Health in the amount of \$20 for a student permit.**

---

**Applicant's Signature**

---

**Date of Application**