

# dermalogica<sup>®</sup> application for ACADEMY enrollment

Please submit to Dermalogica Academy and include the following for your application to be considered:

- a \$100.00 non-refundable registration fee
- Copy of US-issued government photo identification
- Copy of your high school diploma, GED certificate or college transcript

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ US Citizen: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Drivers License: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Passport Number: \_\_\_\_\_ Issuing Country: \_\_\_\_\_

Student Housing: \_\_\_\_\_ Financial Assistance: \_\_\_\_\_

Are you interested in Day or Evening classes? \_\_\_\_\_

What start date are you considering? \_\_\_\_\_ 2nd choice? \_\_\_\_\_

How did you hear about Dermalogica Academy? \_\_\_\_\_

Did you visit other schools? \_\_\_\_\_ If so, which ones? \_\_\_\_\_

## Education

High School or GED? \_\_\_\_\_ Year graduated or will graduate? \_\_\_\_\_

College \_\_\_\_\_ Degrees Earned \_\_\_\_\_

Current Occupation \_\_\_\_\_

## In Case of Emergency Contact

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_