

USCA/USMT Information Request Form

Please print and fax this form to 217.753.0013 or mail to:
USCA, P.O. Box 13395, Springfield, IL 62791.

What program are you interested in?

- Cosmetology
- Nail Tech
- Instructor
- Esthiology
- Massage Therapy

What is your schedule?

- Full Time
- Part Time
- Haven't Decided

What is your education level?

- High School Diploma
- G.E.D
- Still in High School

What is your preferred start date?

- Next Available Class
- Haven't Decided
- Other _____

Tell Us About You

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Comments: _____
