Thank you for your interest in the Master Instructor Cosmetology Program at Meridian Technology Center. This program is designed for licensed Cosmetologists who intend to further their career in Cosmetology.

Those interested in the program should call Dr. DeAnna Little at 405-377-3333, or email deannal@meridiantech.edu to see if applications are being accepted due to limited availability.

Program tuition for Master Instructor is $3 per credit hour. Tuition is doubled for out-of-district students. Included in this tuition is a non-refundable $100 deposit that must be submitted at the time of enrollment and is deducted from your final tuition payment. First tuition payment is due by the first night of class, and the cost of books are included in the tuition cost.

The length of this course depends on industry experience:

- o Master Instructor - 1000 hours
- Less than 2 consecutive years industry experience

- o Practicing Master Instructor - 300 hours
- With documented 2 consecutive years of work experience prior to admission

Additional program costs are approximately $135.00 and include your State Board of Cosmetology fees, etc. These program costs are estimates, subject to change, and are non-refundable once paid.

Enclosed is an application and additional information. This information can also be found on our website at www.meridiantech.edu

1312 South Sangre Road
Stillwater, Oklahoma 74074-1899

Tel: (405) 377-3333
Fax: (405) 377-9604

www.meridiantech.edu

Educate. Enrich lives. Secure economic futures

Master Instructor
Meridian Technology Center

Application Procedure Check List

❑ 1. Application Form– return completed form along with:

 ❑ Two Letters of Recommendation (signed by author, and cannot be related to the applicant.)

 ❑ Current Cosmetology License

 ❑ Return application, letters of recommendation, etc. to Chelsie Conner by one of the following options:

 - Email - chelsiec@meridiantech.edu
 - Hand it in at Meridian Technology Center to the Program Admin Office
 - Mail - Meridian Technology Center
   Attn: Chelsie Conner
   1312 South Sangre Road
   Stillwater, OK 74074

❑ 2. Interview – The top candidates with completed applications will be contacted for a scheduled interview on Meridian campus or via Zoom if applicable.

 - Interview with the Instructor
   Will receive a phone call if accepted or denied

Enrollment Procedure Check List (if accepted to program)

❑ 3. Pay $100.00 deposit. Make checks payable to Meridian Technology Center. Visa, MasterCard, and Discover are accepted.

 ❑ Complete Enrollment form at Career Planning Center

 ❑ Tour Program

 ❑ Meridian Technology Center forms – need license plate number, medical insurance card/information

 ❑ Complete State Board Application & Provide a Copy of Current License

 ❑ Cosmetology Performance/Attendance Contract signed

 ❑ Bring 2 x 3 photo (head shot)

 ❑ Bring $5.00 money order/cashier check made out to Oklahoma State Board of Cosmetology & Barbering

 ❑ Copy of Drivers License

 ❑ There will possibly be an orientation for those accepted to the program. If so, we will notify those accepted when the date has been determined.

❑ 4. First Day of Class

 ❑ First Tuition payment due (Tuition includes the cost of curriculum)

 ❑ First day of class – _____

MERIDIAN TECHNOLOGY CENTER   **Evening Cosmetology Application**

Please print or type.

Date _____   Social Security Number *(optional)* _____

Name _____   Phone (_____) _____
     (last)   *(first)*   *(middle)*

Home Address _____
      (street or box number)   *(city)*   *(state)*   *(zip code)*

E-mail _____

Have you taken classes at Meridian Technology Center before? ☐ Yes   ☐ No

If so, which program? _____   What year? _____

Which of the following have you received? *(check one)*   ☐ High School Diploma   ☐ GED   ☐ Neither

Highest Grade completed in school? *(circle one)* 8   9   10   11   12

College years completed? *(circle one)*   0   1   2   3   4

Do you have educational records under any other name? If so, which name? _____

Which program are you interested in starting? Please check one.
    ☐ Cosmetologist   ☐ Master Instructor   ☐ Practicing Master Instructor

Have you attended Cosmetology School before?   ☐ Yes   ☐ No

   If yes, where did you attend school? _____

   How many hours did you complete? _____

   If yes and didn't complete, please explain why.

_____

_____

How did you hear about this program? Please check all that apply.

☐ Catalog   ☐ E-mail   ☐ Facebook   ☐ Flier in the mail   ☐ Newspaper

☐ Website   ☐ Employer   ☐ Web Search ☐ Other (please specify):_____

- If accepted, completion of Enrollment form and payment of deposit ($500) is required to finalize enrollment.
  - *ALL DEPOSITS ARE NON-REFUNDABLE.*

- First payment will be due the first day of class.

- Students are responsible for purchasing books and kits. Materials are to be purchased the first day of class.

- *PLEASE NOTE:* The cost of tuition for out-of-district students will be twice the amount for in-district students.

- *NOTE:* Transcript must accompany this application to be eligible for consideration for enrollment. Also, if you attended high school in another country it is your responsibility to officially have your transcript translated into English before submitting application materials. **ALL TRANSCRIPTS SUBMITTED MUST BE OFFICIAL.**

Record of Employment

(Begin with last [or present] employer)

Employer _____

    Address _____
               (street)   *(city)*   *(state)*   *(zip code)*

Name and title of supervisor _____ Phone (____)_____

Position held _____ From _____ To _____

Reason for terminating employment _____

Employer _____

    Address _____
               (street)   *(city)*   *(state)*   *(zip code)*

Name and title of supervisor _____ Phone (____)_____

Position held _____ From _____ To _____

Reason for terminating employment _____

References

Give names and complete contact information including addresses and telephone numbers of two persons—not friends or relatives—who know you and can give information about you. References that should be used include current employer(s), past employer(s), and/or teachers and school counselors.

1. Name _____ Position/Title _____

    Address _____
               (street)   *(city)*   *(state)*   *(zip code)*

    Phone (____)_____

2. Name _____ Position/Title _____

    Address _____
               (street)   *(city)*   *(state)*   *(zip code)*

    Phone (____)_____

      I hereby give permission to Meridian Technology Center to obtain references from employers or other individuals who would have relevant information regarding my past school work and/or employment and my application to this program.

      I verify that all information given in this application is true and accurate to the best of my knowledge.

_____   _____

            Signature of Applicant   Date