

PROSPECTIVE STUDENT INQUIRY FORM

Universal College of Beauty 0337-02

Student's Name _____

Course Inquired About _____ Date _____

Address _____

Phone Number _____

Requested Catalogue Yes No Mailed _____

Scheduled Sit-in Yes No Date _____

How did Student hear about school? _____

Friend _____

Newspaper or other Publication _____

Transferred from UCB Campus _____

Other _____

Students Scheduled Enrollment date _____

(Please complete Prospective Student Evaluation Form)

Comments: _____

School Officials Signature/Title _____

UNIVERSAL COLLEGE OF BEAUTY

"WHY I FEEL I CAN COMPLETE THE COURSE THAT I AM
ENROLLING IN"

