VOCATIONAL SCHOOL PROGRAM COSMETOLOGY TRAINING AFFIDAVIT

This form must be completed by the school representative.

CANDIDATE NAME:				X	
(PLEASE PRINT)	FIRST	MIDDLE	LAST		DATE SIGNATURE
SCHOOL NAME:					
SCHOOL ADDRESS:					
SCHOOL LICENSE N	IUMBER:		_ SCHOOL PHON	E NUMBER:	
ENROLLMENT DATE	S: FROM		ТО	GRADUATION DAT	E:
	(mn	n/dd/yyyy)	(mm/dd/yyyy)		(mm/dd/yyyy)
SUBJECTS					CREDITS IN HOURS
Science of Cosmeto					
Sanitation and Steriliz Personal Hygiene and					
Professional Ethics					
Public Relations, Sale					
Anatomy	•				
Dermatology					
Trichology					
Nail Structure					
Chemistry					
Safety Precautions					·
Practice of Cosmeto					
Shampoos and Rinse					
Scalp and Hair Care -					
Hair Shaping					
Hair Styling	-: Th	Overline at M/Server			
		Curling, Wigge			
Nail Technology Chemical (Cold) Wavi					
Hair Tinting (Coloring)					
Facial Skin Care, Mak	rand Lighteriii reun and Hair	Removal (Safe	tv)		
South Carolina State	Law: Rules.	Regulations.	Code (15)		
Unassigned: Specific					
-	` '				
Academic Hours (540 English Language A					
English Language A Math					
Science					-
Economics or Gover					
Technology					-
(PRINT) NAME OF INSTRU	UCTOR		SIGNATURE O	FINSTRUCTOR	
(PRINT) NAME OF SCHO	OL OFFICIAL		SIGNATURE	F SCHOOL OFFICIAL	
(FRINT) NAME OF SCHO	OL OI FICIAL		SIGNATURE OF	SCHOOL OF FICIAL	
(This	s section must b	e completed by a	notary public - name	must differ from any name liste	ed above)
•	first bein	a duly outers deser	and any that he are	sha (liatad ahaya) ia tha laatta	r of Coomatalogy, making the
(PRINT) NAME OF NOTAR	, tirst being Y	g auty sworn, depos	ses and says that he or s	she (listed above) is the Instructo	or Cosmetology, making the
preceding statement, and a	ıll statements ma	de herein are true i	n every respect. Sworn a	and subscribe to before me this _	day of 20
-					
Notary Public in and for the	County of	, St	ate of	My Commission Expires:	
NOTARY	SIGNATURE			A CC	Notary Seal Here
MOTANT	U. V. U. U. L			Ajjix	y wem 11616