



APPLICATION FOR:

Texas Cosmetology Student Permit

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

FEE	RECEIPT NUMBER	EVENT CODE	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
Permit Fee			\$25.00		

Payments must be in the form of a cashiers check or money order.

DO NOT WRITE ABOVE THIS LINE

NOTE: ALL INFORMATION MUST BE TYPED OR PRINTED IN INK.

1. Student's Full Name:

 Last (Family Name) First (Given Name) Middle

2. Do you have a Social Security Number (SSN)? (circle one) **YES** **NO**

If yes, provide your SSN here: _____ - _____ - _____

Note: If you have a Social Security Number, Section 231.302 of the Texas Family Code REQUIRES all applicants to disclose their Social Security Number (SSN) when filing an application. The SSN that is provided is confidential and is required to enforce Child Support orders.

3. Date of Birth: _____ _____ _____ **4. Gender:** **MALE** **FEMALE**
 Month Day Year (circle one)

5. Student Mailing Address and Contact Information:

Number, Street and Apt. No. - OR - P.O. Box Number City State Zip Code

E-mail Address (johndoe@aol.com for example) () Area Code Phone Number

6. Cosmetology School Information:

School Name School Permit Number

Number and Street City State Zip Code

7. Course Type: _____ **8. Enrollment Date:** _____

9. If you would like to take the exam in a language other than English, indicate which language you prefer: (circle one) **VIETNAMESE** **SPANISH**

10. Are you enrolling in a high school cosmetology program? (circle one) **YES** **NO**

11. Have you graduated high school or obtained your G.E.D? (circle one) **YES** **NO**
If yes: _____ _____ _____ _____

 School Name City State Date

STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupations Code, Title 9, Chapter 1602 and 1603; Tex. Admin. Code, Chapter 60; and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 22, Chapters 83, 85 and 89. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

_____ **Date Signed**

_____ **Student Signature**

_____ **Date Signed**

_____ **Instructor Signature**

_____ **License Number**

United Beauty College

1940 Walnut Plaza Carrollton, Texas 75006

Phone: (972) 820-7768 / Fax: (972) 820-7763

ENROLLMENT AGREEMENT

Student Name _____	Address _____			Phone# _____
SS# _____	DL# _____	DOB _____		_____
Cost item	Cost Amount	Amount Paid	Balance Due	Not Rqd./Waived
Registration Fee	\$ _____	\$ _____	\$ _____	_____
Tuition & Fees	\$ _____	\$ _____	\$ _____	_____
Books	\$ _____	\$ _____	\$ _____	_____
Kit/Equipment	\$ _____	\$ _____	\$ _____	_____
Uniform	\$ _____	\$ _____	\$ _____	_____
Other	\$ _____	\$ _____	\$ _____	_____
Total	\$ _____	\$ _____	\$ _____	_____

Course _____

Start Date _____

Schedule _____

Total Hours _____

() Part time () Full time

() Day () Night () D/N

Withdrawal Fee: \$ 150.00

Balance to be paid as follows : _____

First payment due _____ A late fee of \$10.00 will be added to any payments over 3 days late.

Financial aid, scholarship, adjustments: _____

NOTE: ALL adjustment are CONDITIONAL. Tuition is based on SCHEDULE hours, NOT hours attended.

Additional terms : _____

Applicants may gain admission by paying the appropriate tuition and fees or by making arrangements for deferred payments, scholarship or financial aid. There are no interest charges for deferred payments. All tuition and fees due must be paid prior to graduation. If the school closes permanently and is no longer offering instruction after the student is enrolled, the student shall be entitled to a pro-rata refund of tuition. If a course is cancelled subsequent to a student's enrollment, the school shall have the option of providing a refund of all monies paid or providing completion of the course.

REFUND POLICY: An applicant not accepted by the school shall be entitled to a refund of all monies paid. If a student (or his/her parent in the case of a minor) cancels his enrollment, in writing, before starting class and within three (3) business days of signing the enrollment agreement, all monies paid to the school shall be refunded. The cancellation date will be determined by the postmark on mailed notifications, or the date written notification is received by the school administration in the case of hand delivered notification. If the student cancels after three days of after starting class, the following schedule of tuition refunds shall apply:

Percentage of Enrollment/course time	*Refund of total tuition due student
0.01 - 10%	90% refund
10.1 - 20%	80% refund
20.1 - 25%	75% refund
25.1 - 50%	50% refund
50.1 - 60%	40% refund
Over 60%	No Refund

*Refund percentage is based on a pre-payment by student of total tuition due for the course.

The registration fee of \$ 100 is not refundable and a withdrawal fee of \$150 will be assessed upon a student withdrawing from school or being terminated by the school. Refunds will not be made on books, kits, equipment or supplies which the student purchases or receives from the school. This refund table is based upon Texas Cosmetology Commission regulations. For purposes of this refund policy, enrollment time is the time elapsed between the enrollment date and the last date the student physically attended class in the school. Any refund due to the student shall be made by the school within thirty (30) days from the date of termination or withdrawal, or in the case of a leave of absence, the documented scheduled date or return.

PLACEMENT ASSISTANCE is provided to students and graduates at no charge. However, the school cannot guarantee employment after graduation. Job are posted on the student bulletin board. ACADEMIC, CAREER and PERSONAL COUNSELING are available to all students. The school has a DRESS CODE and RULES AND REGULATIONS which the student must follow.

I AGREE TO APPLY MYSELF and follow al RULES AND REGULATIONS of the school. I UNDERSTAND that in order to graduate and be eligible for the STATE BOARD EXAM, I must attend _____ hours of instruction and laboratory practice and complete a minimum number of practical applications, as designated by the Texas Cosmetology Commission. I will be allowed _____ scheduled hours to complete my training without addition charge. I understand additional hours will be charged at my original cost per hour.

Any holder of this agreement is subject to all claims & defenses which a debtor can asset against a seller. Recovery hereunder by the debtor is limited to amount actually paid by the debtor to the school.

DO NOT SIGN THIS AGREEMENT IF YOU HAVE NOT READ IT OR IF IT CONTAINS BLANK SPACES.

Student Signature **Co-Signer/Parent** **School Official** **Date**