

RECORD OF COMPLETION

Name of School _____ Address _____

Name of Student _____ Student's SSN _____

Enrollment Date _____ Last Day of Attendance _____

Credit Granted for Instruction and Training
During Current Enrollment Only

BARBER COURSE

CLASS SUBJECT	CREDITS	CLASS SUBJECT	CREDITS
Treatment of hair & scalp		Permanent waving & chemical hair relaxing	
Facial massage & treatments		Haircoloring	
Shaving		Law, rules & regulations	
Haircutting		Management, ethics, interpersonal Skills & Salesmanship	
Hairstyling		Disinfection, sanitation & Safe work practices	

TOTAL CREDIT HOURS _____

CREDIT HOURS GRANTED FOR PREVIOUS INSTRUCTION AND TRAINING

Name of School _____ Address _____

Credit Hours _____

NOTE: Previous credit hours must be verified with original documents signed by the former school agent.

I hereby certify, under penalty of perjury as defined in § 18-8-503, C.R.S., the named student herein received the instruction and training listed above, and a diploma was issued on the ____ day of _____, 20____.

School Owner or Designee's Signature

Student's Signature

Date

School Seal