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OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
 ADVISORY BOARD ON MASSAGE THERAPY
 2401 NW 23rd Street, Suite 84, Oklahoma City, OK 73107-2453
 Student Department 405.522.7619 · www.cosmo.ok.gov

J. KEVIN STITT
 Governor

MALENA CURTSINGER
 Executive Director

AFFIDAVIT OF COMPLETION OF COSMETOLOGY/BARBER SCHOOL COURSE OF STUDY

CAUTION: DO NOT USE THIS FORM TO REPORT A STUDENT WITHDRAWAL! USE FORM 102 INSTEAD.

CHECK THIS BOX IF STUDENT HAS AN UNPAID BALANCE

This is to certify that _____, Registration Number _____,
STUDENT NAME

was in regular attendance at _____
SCHOOL NAME AND ADDRESS

from _____, up to and including _____
MONTH DAY YEAR MONTH DAY YEAR

Clock Hours Earned: _____

Credit Hours Earned: _____

PLEASE CHECK THE STUDENT'S REGISTERED COURSE:

<input type="checkbox"/> Barber	<input type="checkbox"/> Facialist	<input type="checkbox"/> Facialist Instructor	<input type="checkbox"/> Master Cosmetology Instructor
<input type="checkbox"/> Cosmetician	<input type="checkbox"/> Manicurist	<input type="checkbox"/> Manicurist Instructor	<input type="checkbox"/> Master Barber Instructor
<input type="checkbox"/> Cosmetologist	<input type="checkbox"/> Additional Hours	<input type="checkbox"/> Review Hours	<input type="checkbox"/>

X _____
Signature of Instructor



Subscribed and sworn before me this _____ day of _____, 20 _____.

State of _____ County of _____

Commission # _____

My commission expires _____ Notary Public _____