**APPLICATION FOR RETAKE EXAMINATION**

Mississippi State Board of Cosmetology

Post Office Box 55689

Jackson, MS 39296-5689

(601) 359-1820

Please note that if over one year has lapsed since completion of your training, you may NOT be eligible for re-examination at this time. Please contact the Board office for information at (601) 359-1820.

I hereby make application for retake examination for the following:

**(PLEASE SELECT ONLY ONE – ONE FORM PER REQUEST)**

|  |  |  |
| --- | --- | --- |
| **THEORY** | | |
| Cosmetologist | Esthetician | Manicurist |
| Cosmotologist Instructor | Esthetician Instructor | Manicurist Instructor |

|  |  |  |
| --- | --- | --- |
| **PRACTICAL** | | |
| Cosmetologist | Esthetician | Manicurist |
| Cosmotologist Instructor | Esthetician Instructor | Manicurist Instructor |

|  |  |
| --- | --- |
| **CANDIDATE INFORMATION** | |
| Name |  |
| Address |  |
| City/State/Zip |  |
| Phone |  |
| Social Security Number |  |
| School Name |  |
| School Address |  |
| Last Exam Date |  |

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Signature Date