**REQUEST**

**FOR**

**PRACTICAL EXAMINATION**

**APPROVAL LETTER**

Please note that upon receipt of the final transcript from your school, you will receive your Theory Approval Letter from MS Board of Cosmetology.

I hereby make application for approval for practical examination for the following: **(Select One)**

|  |  |  |
| --- | --- | --- |
| Cosmetologist | Esthetician | Manicurist |
| Cosmetology Instructor | Esthetician Instructor | Manicurist Instructor |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  |  |  |
| Last | First | Middle |
| Address |  | | |
|  | | |
| Social Security Number |  | Phone  Number |  |
| Email  Address |  | Place of Birth |  |
| Sex  (Male or Female) |  | Date of Birth |  |
| Height |  | Eye Color |  |

|  |  |
| --- | --- |
| Name of Cosmetology School |  |
| Location / City / State |  |
| Graduation Date |  |

**Please note that if over one year has lapsed since completion of your training, you may not be eligible for examination at this time. Please contact MSBC for further information.**

Have you requested approval for the practical examination before? If yes, you will need to complete the RETAKE EXAMINATION APPROVAL FORM.

The Board of Cosmetology reserves the right to require further evidence of information from the applicant, the school, or others regarding any information contained within this application.

I certify under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Candidate Signature Date