

## 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