



**STUDENT / STUDENT INSTRUCTOR
APPLICATION FOR 180 DAY PERMIT TO WORK
Mississippi State Board of Cosmetology
Post Office Box 55689
Jackson, MS 39296**

STUDENT INFORMATION (PLEASE PRINT)	
Name	
Address	
Phone Number	
Email Address	
Social Security Number	
School Attended	
School Address	

Please be sure to verify the correct mailing address. There will be no duplicates.

By submission of this application, I understand that while work permits are transferable from salon to salon, I must be under the direct supervision of a Mississippi licensee in the program I have completed, at all times.

I understand that this permit, if approved, will expire 180 days from the issuance OR if there is a failure of the practical or the theory examination. In either case, it is the student's responsibility to return the permit immediately and the student/student instructor is no longer eligible to work until licensed.

By completing this application, I verify that I have completed all required hours for my program and that the school has validated that there is no financial obligation pending and that I have applied for both the theory and practical examination.

I further understand that a student cannot work for compensation as a practitioner in an establishment in the process of acquiring training. A student instructor is exempt from this requirement.

Student / Student Instructor Signature

Date