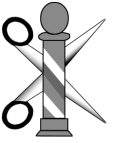




STATE OF MISSOURI
 DIVISION OF PROFESSIONAL REGISTRATION
**NOTICE OF TERMINATION FOR CROSSOVER CLASS CA –
 COSMETOLOGY TO BARBER**

BOARD OF COSMETOLOGY &
 BARBER EXAMINERS
 P.O. BOX 1062
 JEFFERSON CITY, MO 65102
 (573) 751-0805



Student Apprentice

INSTRUCTIONS PLEASE TYPE OR PRINT LEGIBLY

1. This form is to be complete for crossover class CA – Cosmetology and Barber students or apprentices who have discontinued training or graduated.
2. Mail completed form and license to: Board of Cosmetology and Barber Examiners, P.O. Box 1062, MO 65102.

LICENSE MUST BE ATTACHED OR TERMINATION WILL NOT BE ACCEPTED.

STUDENT PERSONAL DATA

NAME OF STUDENT		STUDENT LICENSE NUMBER
STUDENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		
NAME OF SCHOOL/ESTABLISHMENT		
SCHOOL/ESTABLISHMENT ADDRESS (STREET, CITY, STATE, ZIP CODE)		

TRAINING INFORMATION

DATE SCHOOL DETERMINES STUDENT WITHDREW OR GRADUATED	TOTAL NUMBER OF MONTHS ATTENDED
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LIST BELOW THE TOTAL ACCUMULATED HOURS FOR THE ABOVE-NAMED STUDENT IN EACH OF THE SUBJECT AREAS.

SUBJECT	TOTAL HOURS	SUBJECT	TOTAL HOURS
History - 5		Shaving - 40	
		TOTAL OF SUBJECT HOURS	

Large empty rectangular box for additional information or notes.

NOTARY PUBLIC EMBOSSEER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
	NOTARY PUBLIC NAME (TYPED OR PRINTED)	