



# TEXAS DEPARTMENT OF LICENSING & REGULATION

Education & Examination • PO Box 12157 • Austin, Texas 78711 • (512) 463-6599 • Fax (512) 463-1512  
www.tdlr.texas.gov

APPLICATION FOR:

## Texas Cosmetology Eyelash Extension Curriculum Approval (320 Hour)

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

<b>School Name:</b>	<b>License #:</b>
<b>School's Mailing Address</b>	
Number, Street and Apt. No _____ -OR- _____ PO Box Number _____	
City _____ State _____ Zip Code _____	
Contact Person _____	Email Address (johndoe@aol.com for example) _____
( _____ ) _____	( _____ ) _____
Area Code - Contact Phone Number	Area Code - Alternate Phone Number
<b>Place your initials in the box to confirm compliance with the curriculum content requirements of 1602.453</b>	
<input type="checkbox"/> I confirm our school will develop our daily lesson plans in accordance with 83.120 to complete 320 hours of instruction.	
<b>Place an X in <u>only 1 box</u> to confirm the manner and format of reporting student hours in accordance with 83.72.</b>	
<b>CLOCK HOURS</b>	
<input type="checkbox"/> Schools record of student's accrued time in accordance with 83.72 (m) will be clock hours.	
<b>CREDIT HOURS</b>	
<input type="checkbox"/> Schools record of student's accrued time will be credit hours which will be maintained in accordance with 83.72 (n) for each course or module.	
<b>Provide below the number of weeks, hours and total hours which should total 320 hours for full and/or part time students. (This is an estimated number of weeks and hours)</b>	
<b>Full-Time Students:</b>	
• The course term will be _____ number of weeks for _____ number of hours each week totaling _____ hours.	
<b>Part-Time Students:</b>	
• The course term will be _____ number of weeks for _____ number of hours each week totaling _____ hours.	
<b>STATEMENT AND SIGNATURE OF APPLICANT(S)</b>	
<b>By signing this application, I certify all information submitted on this application is true and accurate. I certify that I will comply with all applicable provisions of the Texas Occupation Code, Chapters 51, 1602 and 1603; Texas Administrative Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Texas Administrative Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of our license or the approval being requested and the possible imposition of administrative penalties.</b>	
Printed Name of Owner, Officer, or Authorized Representative _____	Signature of Owner, Officer, or Authorized Representative _____
	Date Signed _____



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## CERTIFICATION STATEMENT OF REQUIRED DOCUMENTATION

<b>School Name:</b>	<b>License #:</b>
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**Required Equipment will be provided:** facial bed or massage table that allows the consumer to lie completely flat, stool or chair, lamp, mannequin head, wet sanitizer and dry sanitizer.

By placing a check in each applicable box below and by my signature, I certify that the required documentation will be maintained and made available to the Department. All required information will be provided to all prospective students. I certify that I am providing accurate information and will comply with all applicable provisions of the Texas Occupations Code, Chapters 51, 1602 and 1603; Tex. Admin. Code, Title 16, Chapter 60 and the Cosmetology Administrative Rules, Tex. Admin. Code, Title 16, Chapter 83. I understand that providing false information on this application may result in revocation of the license or approval I am requesting and the imposition of administrative penalties.

Place a  in each box:

<input type="checkbox"/>	<b>Course Outline</b> (in accordance with §1602.452, <i>this is your course syllabus</i> )
<input type="checkbox"/>	<b>Tuition &amp; Fee Schedule</b> (in accordance with §1602.452; <i>public secondary schools are exempt</i> )
<input type="checkbox"/>	<b>School's Tuition Refund Policy</b> (in accordance with §1602.452-457-458; <i>public secondary or public post-secondary schools are exempt</i> )
<input type="checkbox"/>	<b>Attendance Policy and Grading Policy</b> (in accordance with §1602-451 -452)
<input type="checkbox"/>	<b>Withdrawal or Termination Policy</b> (in accordance with §1602.459)
<input type="checkbox"/>	<b>Make-up Hour Policy</b> (in accordance with §1602.452)
<input type="checkbox"/>	<b>Daily Lesson Plans</b> (in accordance with §1602.453)

### STATEMENT OF APPLICANT(S)

Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner, Officer, or Authorized Representative	Date Signed
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Printed Name of Owner, Officer, or Authorized Representative	Signature of Owner, Officer, or Authorized Representative	Date Signed
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