



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 Hair Weaving Curriculum Approval (300 Hour)

PURSUANT TO TITLE 9, OCCUPATIONS CODE, CHAPTER 1602

| | | |
|---|---|---------------|
| School Name: | License #: | |
| School's Mailing Address | | |
| 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 | |
| Place your initials in the box to confirm compliance with the curriculum content requirements of 1602.453 | | |
| <input type="checkbox"/> | I confirm our school will develop our daily lesson plans in accordance with 83.120 to complete 300 hours of instruction. | |
| Place an X in <u>only 1 box</u> to confirm the manner and format of reporting student hours in accordance with 83.72. | | |
| <u>CLOCK HOURS</u> | | |
| <input type="checkbox"/> | Schools record of student's accrued time in accordance with 83.72 (m) will be clock hours. | |
| <u>CREDIT HOURS</u> | | |
| <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. | |
| Provide below the number of weeks, hours and total hours which should total 300 hours for full and/or part time students. <i>(This is an estimated number of weeks and hours)</i> | | |
| <u>Full-Time Students:</u> | | |
| • The course term will be _____ number of weeks for _____ number of hours each week totaling _____ hours. | | |
| <u>Part-Time Students:</u> | | |
| • The course term will be _____ number of weeks for _____ number of hours each week totaling _____ hours. | | |
| STATEMENT AND SIGNATURE OF APPLICANT(S) | | |
| 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. | | |
| 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

| | |
|--------------|------------|
| School Name: | License #: |
|--------------|------------|

Required Equipment will be provided

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