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 Instructor Curriculum Approval (750 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

☐ **I confirm our school will develop our daily lesson plans in accordance with 83.120 to complete 750 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>

☐ **Schools record of student's accrued time in accordance with 83.72 (m) will be clock hours.**

<u>CREDIT HOURS</u>

☐ **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 750 hours for full and/or part time students. *(This is an estimated number of weeks and hours)*

<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:

	Course Outline (in accordance with *§1602.452, this is your course syllabus)*
	Tuition & Fee Schedule (in accordance with *§1602.452; public secondary schools are **exempt**)*
	School's Tuition Refund Policy (in accordance with *§1602.452-457-458; public secondary or public post-secondary schools are **exempt**)*
	Attendance Policy and Grading Policy (in accordance with *§1602-451 -452)*
	Withdrawal or Termination Policy (in accordance with *§1602.459)*
	Make-up Hour Policy (in accordance with *§1602.452)*
	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