WASHINGTON STATE DEPARTMENT OF LICENSING

Click here to START or CLEAR, then hit the TAB button

Cosmetology Student Hours Report

Page_____ of _____

School or apprentice salon name		
Address		
City	State	ZIP code

Print student name (one line for each curriculum)	Social Security number	Curriculum	Required hours	Monthly school hours	Monthly hours earned in a licensed salon	Leave of absence date	Completion or termination date	Total hours completed to date

Print authorized representative name

X

Authorized representative signature

Date

We are committed to providing equal access to our services.
If you need accommodation, please call (360) 664-6626 or TTY (360) 664-0116.

BC-638-080 (R/3/11)W