

TRANSCRIPT OF COSMETOLOGY SCHOOL HOURS

Students – complete this section:

STUDENT NAME	STUDENT ADDRESS	DATE OF COMPLETION
STUDENT ID NUMBER OR SS NUMBER		

NMTCC staff – complete this section:

COSMETOLOGY CURRICULUM	COSMETOLOGY HOURS EARNED	COSMETOLOGY GRADES EARNED
Professional Practices		
Sciences		
Cognitive and Manipulative Skills		
TOTAL NUMBER OF HOURS		

I, the undersigned, hereby certify that the hours typed above are true and accurate hours earned by the aforesaid student at the school named above. I have affixed not only my name but also the school seal to this document.

_____ Date

_____ School License Number