

Michigan Department of Licensing and Regulatory Affairs
 Bureau of Commercial Services
 Licensing Division
 BARBER LICENSING
 P.O. Box 30018 - Lansing, MI 48909
 517-241-8720
 www.michigan.gov/barbers

STUDENT BARBER MONTHLY BARBER COLLEGE REPORT

AUTHORITY: P.A. 299 of 1980, as amended
 COMPLETION: Mandatory
 PENALTY: Failure to complete may result in denial of your application

1. BARBER COLLEGE INFORMATION

Name of Barber College	Barber College License Number 17-05-
Street Address	College Report Covering: (month) (year)
City, State and Zip Code	Telephone Number ()

INSTRUCTIONS:

Please print in ink or type your responses. This form serves to report monthly training hours of ALL students. Be sure to indicate the type of instruction. This report must be received by the 10th day of the month following the report month. **List names alphabetically.**

2. STUDENT INFORMATION

(a) Print or Type Student Name If New Student, include Address and Social Security Number	(b) Expiration Date of Barber Student License	(c) Type of Instruction	(d) Date Instruction Started	(e) Total Hours for the Month	(f) Approved Transfer or Rereg Hours	(g) Total Credit for all Time in School	(h) Date of Termination or Graduation
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					

2. STUDENT INFORMATION (Continued)

(a) Print or Type Student Name If New Student, include Address and Social Security Number	(b) Expiration Date of Barber Student License	(c) Type of Instruction	(d) Date Instruction Started	(e) Total Hours for the Month	(f) Approved Transfer or Rereg Hours	(g) Total Credit for all Time in Barber College	(h) Date of Termination or Graduation
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					
Barber Student Perm. I.D. # 17-01		<input type="checkbox"/> Student Barber <input type="checkbox"/> Student Barber Instructor					

BARBER COLLEGE CERTIFICATION:

I certify that all statements made in this application are true to the best of my knowledge. Information has not been withheld which might affect the decisions to be made on this application. I am aware that a false statement or dishonest answer may be grounds for denial of this application, disciplinary action, or may be punishable by law. I hereby authorize the Department of Licensing and Regulatory Affairs and its agents to investigate any statements made in this application, including checking criminal, civil, and administrative records.

I understand that it is my responsibility to be aware of and to comply with the provisions set forth in the Barber Act, Michigan Occupational Code, PA 299 of 1980, as amended, and the Rules promulgated thereto.

Signature

Date

Type or Print Name

Title: College Owner
 College Manager

THIS FORM MAY BE DUPLICATED. CONTACT THE DEPARTMENT IF ADDITIONAL SHEETS ARE NEEDED. IF USING AN ACCEPTABLE COMPUTERIZED PROGRAM, YOU MAY ATTACH YOUR PRINTOUT TO A DEPARTMENT FORM WHICH HAS BEEN COMPLETED FOR ALL NEW STUDENTS. EACH COPY MUST BE SIGNED AND DATED.