

## APPLICATION FOR PRACTICAL EXAMINATION

Please submit this for Testing of the Practical Examination before the deadline date.

If you have a disability and require accommodations, please contact the Program Director of Arkansas Beauty School-Little Rock at 501-562-5673. This application must be completed in its entirety and submitted to the Registrar of Arkansas Beauty School at the corporate office located at 9100 N. Rodney Parham Road along with an exam fee of \$65.00. Exam fees can be paid with credit card, cash, or money order made out to AR Beauty School-LR.

Check program you will be testing for	or:				
Cosmetology (150	Cosmetology (1500 hours) Manicuring (600 hours)				
Esthetician (600 hours)		Instructor/Teacher Training (600 hours)			
EARLY TEST APPLICANT					
Check this box if you are applying for early phour program, 450-clock hours in a 600-clock to the school. Failure to meet these requirer Department of Health-Cosmetology Sections	k hour program, completed all aca nents will result in denial of early to	demic requirements with esting and/or the withho	h 70% or above, and n	neet all financial obligations	
STUDENT INFORMATION:					
First Name Midd	le Name	Last Name	SSN		
Address		City	State	Zip	
Email (required)  Please note all correspondence will be sent via email					
Date of Birth	Preferred Language	l Language		Gender	
Race	Phone Number				
By signing this application, I certify that the sufficient grounds for the Arkansas Beauty S			I understand that any	false statements will be	
tudent Signature		Da	Date		
	School Us	sa Only			
	301001 03	e Only			
School Id Number: 77171 or 54613	School Name: Arkansa	s Beauty School	Matriculati	on Date:	
Current Month Hours/Days: Previous Month I		s:	Date Hours Completed:		
Total Completed Hours:			Total Theory Hours:		
Printed Name Instructor/School Off	icial Signa	ture		Date	