Montana
Department of Labor and Industry
Business Standards Division

Governor Brian Schweitzer

BOARD OF BARBERS & COSMETOLOGISTS

STUDENT / INSTRUCTOR CANDIDATE REGISTRATION FORM

1. FULL NAME: _____
Last First Middle

2. OTHER NAME(S) KNOWN BY_____

3. HOME ADDRESS: _____
Street or PO Box # City and State Zip

4. TELEPHONE: (____) _____ (____) _____ _____
Home Cell E-mail Address

5. NAME OF SCHOOL ATTENDING_____

6. NAME OF COURSE _____

7. ORIGINAL ENROLLMENT DATE _____

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8. STUDENT TRANSFER YES_____ NO_____

9. NAME OF STATE OR SCHOOL TRANSFERRED FROM_____

10. NUMBER OF HOURS TRANSFERRED _____

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11. STUDENT RE-ENROLLMENT YES_____ NO_____

12. NAME OF STATE OR SCHOOL ORIGINALY ENROLLED IN_____

13. NUMBER OF HOURS ACCUMULATED PRIOR TO RE-ENROLLMENT

14. _____
(Student Signature) (Date)

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