



STUDENT INSTRUCTOR FINAL RECORD

Cosmetology Instructor _____ Esthetics Instructor _____ Manicuring Instructor _____ Electrology Instructor _____

STUDENT NAME: _____
(Please Print)

Student Address: _____
(Please Print)

Student Signature: _____ **SS#** _____ - _____ - _____

SUBJECT HOURS

The Professional Teacher _____
Student Motivation And Learning _____
Methods, Management And Materials _____
Testing And Evaluation _____
Evaluation _____

NAME OF SCHOOL _____ Total Hours _____

START DATE: _____ DATE OF COMPLETION: _____

(SCHOOL OWNER/INSTRUCTOR **PRINTED** NAME)

(SIGNATURE OF SCHOOL OWNER/INSTRUCTOR) (DATE)

(INSTRUCTOR EMAIL)