

Cosmetology Barber Crossover Program APPLICATION

 Fall 20 _____

 Spring 20 _____

Last Name

First Name

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Address

Email

City/State/Zip

Phone Number

Program of Interest:

Barber Crossover

 Were you enrolled in the high school CTI
Cosmetology Program?

 Yes

 No

NM Cosmetology License #:

Read and initial each statement:

_____ I understand I must apply for admission to CCC before I can be placed on the waiting list for the program.

_____ I understand that the NM Board of Barbers and Cosmetologists requires me to have a social security number or individual tax identification number (ITIN) in order to register with the state and get credit for contact hours. CCC will not be able to register me without a social security number or ITIN. I understand that I may choose to stay enrolled in the classes knowing that I will not be able to obtain my barber crossover license upon completion of the course.

 _____ I understand that I am required to register with NM State Boards. I will be required to pay a \$25 permit fee electronically using a Visa or MasterCard, fill out a permit application, and supply required documentation during the first week of class.

_____ I understand that I will be removed from the waiting list if I am sent two letters and do not respond. If I choose to be moved to the waiting list for the next summer, it is my responsibility to call the office at 575.769.4945.

_____ I understand that I must present a copy of my current, non-expired NM State issued cosmetology license before being accepted into the program.

_____ I understand that if I am accepted to one program and dropped for non-payment or decide to pursue another program, I must reapply.

_____ I understand that the Cosmetology Barber Crossover program is from 8 a.m. to 5 p.m. on Monday and 8 a.m. to 1:15 p.m., Tuesday- Thursday. I understand that this program has a contact hour requirement and that I am required to adhere to the attendance policy or I will not pass and will have to repeat the course the following summer semester.

_____ I understand that if my address, email or phone number changes prior to being admitted into the program, it is my responsibility to contact personnel in Room 403 or call 575.769.4945 or I may lose my spot on the waiting list.

_____ I understand that in order to receive my student permit with State Boards and maintain my license I cannot be more than 30 days late on court ordered child support payments or been convicted of certain felonies. (Please see OT Division Chair for further clarification, if needed.)

Signature

Date