

STATE BOARD OF COSMETOLOGY
SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
PO BOX 11329
Columbia, SC 29211-1329



CH-003
PART (A)
Student Copy

STUDENT MONTHLY REPORT

School Name: _____

Student Name: _____ Social Security Number: _____

Date From: _____ To: _____ Days Absent: _____

New Hours: _____ Last month total hours: _____ Total combined hours: _____

Directions

1. Both Part (A) and Part (B) must be signed by the STUDENT and the INSTRUCTOR.
2. The Student receiving the hours MUST be given Part (A) of this form.
3. The School is required to keep Part (B) of the student monthly record.

INSTRUCTOR SIGNATURE DATE STUDENT SIGNATURE DATE

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STATE BOARD OF COSMETOLOGY
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PO BOX 11329
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CH-003
PART (B)
School Copy

STUDENT MONTHLY REPORT

School Name: _____

Student Name: _____ Social Security Number: _____

Date From: _____ To: _____ Days Absent: _____

New Hours: _____ Last month total hours: _____ Total combined hours: _____

Directions

1. Both Part (A) and Part (B) must be signed by the STUDENT and the INSTRUCTOR.
2. The Student receiving the hours MUST be given Part (A) of this form.
3. The School is required to keep Part (B) of the student monthly record.

INSTRUCTOR SIGNATURE DATE STUDENT SIGNATURE DATE