



TEXARKANA COLLEGE

Cosmetology Department

ENROLLMENT PACKET

PROGRAM NAME AND LENGTH

CIP CODE: 12.0401 / 35-5012.00

COSMETOLOGY / COSMETOLOGIST GENERAL LEVEL:

CERTIFICATE/DIPLOMA: FULL-TIME: 1 YEAR / PART-TIME: 2 YEARS

AAS in Cosmetology: Additional 18 SCH

LENGTH: FULL-TIME: 12 MONTHS / PART-TIME: 24 MONTHS

pivot point.
MEMBER SCHOOL



REGISTRATION CHECKLIST

APPLY TO TEXARKANA COLLEGE AT - applytexas.org

SUBMIT FINAL TRANSCRIPTS TO THE OFFICE OF ADMISSIONS

The Cosmetology Department requires that you request (2) transcripts
High school/GED (after graduation)/other Educational Institution

Mail or hand-deliver all official college transcripts to:

Office of Admissions
Texarkana College
2500 N. Robison Rd.
Texarkana, TX 75599

Cosmetology Department
Texarkana College
1401 Richmond Rd.
Texarkana, TX 75599

Transcripts may be hand-delivered but must be in a sealed official envelope from the institution.

MEET TEXAS SUCCESS INITIATIVE (TSI) REQUIREMENTS

Submitted test scores to Office of Admissions

[Learn more about TSI requirements](#)

UPDATE IMMUNIZATIONS

Students under 22 will not be allowed to register until they have turned in proof of a bacterial meningitis vaccination in to the Office of Admissions and the Cosmetology Department.

For exemptions, [visit Meningitis Vaccine Requirements](#)

APPLY FOR FINANCIAL AID AND SCHOLARSHIPS

Complete your [FAFSA](#) online application; TC School Code: 003628

[Scholarship applications available online](#)

Questions? Call 903-823-3267 or visit the [Financial Aid FAQ](#).

MEET WITH AN ADVISOR

Discuss class selection, disability needs and review your checklist.

COSMETOLOGY PREVIEW WEEK

All new students must schedule and attend this informative session by calling the Cosmetology Department (903) 823-3399. This session will cover exceptions and requirements of the department; give you a chance to meet your instructors, tour our facilities and you will be registered upon completion.

Please allow 1 to 2 hours for this session. Check for dates and times in this packet.

SIGN UP FOR ORIENTATION (COLLEGE 101)

\$20.00 orientation fee is automatically added to your student bill.

PURCHASE PARKING PERMIT

Complete the [Parking Permit Application](#) and submit to the **Business Office** or **Bursar Window**.

PAY FOR CLASSES

Tuition and fees are automatically deducted from your financial aid awards.

You are responsible for paying any remaining balance.

Students **must** pay by the posted payment deadlines or their classes will be dropped for non-payment.

Students may use the [Installment Payment Plan](#) for tuition and fees. *This option is available online only.*

Credit card, cashier's check or money order accepted.

PICK-UP STUDENT ID IN OFFICE OF ADMISSIONS

PURCHASE BOOKS AND KITS IN THE [TC BOOKSTORE](#)

Due to our partnerships with Pivot Point International, Smockers and Burmax all kit items and books must be purchased through the bookstore.

Place Official Seal Here

Why do we have to be vaccinated for meningitis?

Texarkana College strives to keep all students healthy and informed of precautions that need to be taken to ensure the safety of our students. Meningitis is a very serious infection of the fluid around the brain and spinal cord. College students and teens 15-19 years of age are at high risk of being infected with the disease. Prevention of this deadly disease is imperative. According to Texas State Law, new students entering are required to show proof that they have received the meningitis vaccination. Either the MPSV4 vaccine or MCV4 vaccine is recommended for adults if you are a college student.

I received the Meningitis Vaccine in the 7th grade; will that satisfy this requirement?

Texas State Law requires revaccination only if it has been 5 years since the date the vaccination was originally administered.

Where can I find more information about this?

For more information regarding the meningitis go to <http://www.cdc.gov/meningitis/about/index.html>.

Where do I send my Vaccination Verification Form and when is it due?

Please print the Meningitis Vaccination Verification Form from www.texarkanacollege.edu, complete it and return to:

Texarkana College
Office of Admissions
2500 North Robison Road
Texarkana, TX 75599

These forms must be signed by a physician and on file with Texarkana College Office of Admissions two weeks prior to the first day of classes. Students will **NOT** be allowed to attend classes without proper documentation.

Where can I get vaccinated?

- The Miller County Health Unit will administer the vaccination to any Arkansas resident for \$5, regardless of household income. It is recommended that students call and schedule an appointment prior to immunization but walk-ins are welcomed.
- The Bowie County Health Center will administer the vaccination for \$15 to Texas residents upon approval. Students will need to contact the health center for additional information regarding the approval process.
- Walgreens Pharmacy on Richmond Road can administer the vaccination for \$67. It is recommended students contact the pharmacy two weeks prior to the immunization for ordering purposes only.

Can I be exempt from this vaccine?

There are two ways to be exempt from this vaccination. You may be exempt from the vaccination if you feel the vaccine will be harmful to your health, or for reasons of conscience, which includes religious beliefs.

- A) To be exempt from the meningitis vaccination due to possible health risks the student must have a physician signed affidavit or a certificate by a physician who is duly registered and licensed to practice medicine in the United States, in which it is stated that, in the physician's opinion, the vaccination would be injurious to the health and well-being of the student.
- B) To be exempt from the meningitis vaccination due to reasons of conscience the student must have an affidavit signed by the student stating that the student declines the vaccination for bacterial meningitis for reasons of conscience, including a religious belief. A conscientious exemption form from the Texas Department of State Health Services found at <https://webds.dshs.state.tx.us/immco/affidavit.shtm> **MUST** be used.

The exemption noted does not apply during a disaster or public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency declared by an appropriate official or authority from the Texas Department of State Health Services and is in effect for the location of the institution the student attends.



TEXAS DEPARTMENT OF LICENSING AND REGULATION
PO Box 12157 • Austin, Texas 78711-2157
(800) 803-9202 • (512) 463-6599 • FAX (512) 475-2871
www.tdlr.texas.gov • cs.cosmetologists@tdlr.texas.gov

COSMETOLOGY STUDENT PERMIT APPLICATION

PLEASE PRINT

DO NOT WRITE ABOVE THIS LINE

APPLICATION FEE: \$25 (FEE IS NON-REFUNDABLE)

PAYMENTS MUST BE IN THE FORM OF A CASHIER'S CHECK OR MONEY ORDER PAYABLE TO TDLR

ALL INFORMATION MUST BE TYPED OR PRINTED IN BLACK INK

1. Name:

Last

First

Middle Initial

Suffix (JR, SR, III)

2. Do you have a Social Security Number (SSN):

☐ Yes ☐ No

3. Social Security Number:

(See instruction sheet for disclosure information) _____

4. Date of Birth:

_____-_____-_____
Month Day Year

5. Gender:

☐ Male ☐ Female

6. Mailing Address: (USED TO RECEIVE MAIL FROM TDLR) (PO Box is allowed for this address.)

Number, Street Name, Apartment Number

7. Phone Number:

City State Zip Code

(_____)_____
Area Code Phone Number

8. Email Address:

(Ex: johndoe@aol.com) See instruction sheet for disclosure information

9. Cosmetology School Information:

Texarkana College

School Name

702210

School Permit Number

2500 North Robison Road

Texarkana

TX

75599

Number, Street Name, Suite Number

City

State

Zip Code

10. Course Type: **COP**

11. Enrollment Date: _____

12. Are you enrolling in a high school cosmetology program? ☐ Yes ☐ No

13. Have you graduated high school or obtained your G.E.D? ☐ Yes ☐ No
If YES:

School Name

City

State

Graduation Date

14. STATEMENT OF APPLICANT

I certify that I will comply with all applicable provisions of the Texas Occupational Code, Chapters 51, 1602, and 1603; 16 Texas Administrative Code, Chapter 60; and the Cosmetology Administrative Rules, 16 Texas Administrative Code, Chapter 83. I understand that providing false information on this application may result in revocation of the license I am requesting and the imposition of administrative penalties.

Date Signed

Student Signature

Date Signed

Instructor Signature

License Number



TEXARKANA COLLEGE

Parking Permit form

Please type or print clearly. Submit form to the Business Office. If application is not legible upon submission, it will be returned.

Check one: Employee/Faculty Student

CONTACT INFORMATION

Last name Middle Initial First name

Address City State

Mailing Address (if different)

Phone number (home) (cell) (work)

Driver's License Number State SSN

Student ID Date of birth

Race Gender Height Weight Hair color Eye color

Emergency Contact Name Phone

VEHICLE INFORMATION

Make Model Year Model Color

Please check all that apply

2-door 4-door Bus Sedan SUV Convertible Motorcycle Van Semi-truck Tractor Trailer Truck Other

VIN Plate Number State Registration expires

Insurance Company Insurance expires

Owner of vehicle

TEXAS DEPARTMENT OF LICENSING AND REGULATION

P.O. Box 12157 - Austin, Texas 78711-2157 1-800-803-9202 - (512) 463-6599 - FAX (512) 475-2871
www.tdlr.texas.gov - Enforcement@tdlr.texas.gov

CRIMINAL HISTORY EVALUATION LETTER: DETERMINATION OF ELIGIBILITY REQUEST FORM INSTRUCTIONS

**If you are also submitting an application, do not fill out or submit this form.
This form is not part of the application process.**

YOUR REQUEST WILL NOT BE PROCESSED UNTIL ALL ITEMS HAVE BEEN SUBMITTED.

GENERAL INSTRUCTIONS

The request form must be completed and signed by the person requesting the evaluation letter. All information provided must be typed or printed in black or blue ink. The request and all attachments must be submitted on separate pieces of single-sided, 8½" x 11" paper. Please use a paperclip to fasten all pages together, with the check or money order on top. Please do not use staples.

If you are seeking a determination of your eligibility for more than one license type you must submit a separate request and applicable fee for each license type. **You do not have to submit a separate request for each crime.**

If one check will be used to pay for multiple requests, a Combined Check Worksheet must be completed and submitted with the requests and payment. The Combined Check Worksheet is available on the Department's website.

NAME – Please write your name in the spaces provided. (Last, First, Middle Initial)

SUFFIX – Examples of a suffix include JR, SR, and II. (MR is not a suffix)

DATE OF BIRTH – Write the two digit numeric equivalent (ex: 03 for March) for the month of your birth, followed by the two digit day and the four digit year. (MM/DD/YYYY)

GENDER – Check "M" for Male or "F" for Female.

SOCIAL SECURITY NUMBER – The Social Security Number disclosure is required by Section 231.302 (1) of the Texas Family Code in order to obtain a license. Your social security number is subject to disclosure to an agency authorized to assist in the collection of child support payments. For more information regarding child support payments, contact the Texas Attorney General at:

www.oag.state.tx.us/child/index or call (512) 460-6000 or (800) 252-8014

MAILING ADDRESS – This is the address to which the Department will mail your correspondence. Indicate the number and street, or post office box of your mailing address. Use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.

TELEPHONE NUMBER – Write the telephone number, including area code, where we can reach you during the day. This may be your office phone number where we can leave a message.

FAX NUMBER – List any fax number where you will be able to receive documents from the Department. Leave this blank if you do not have access to a fax machine.

E-MAIL – Please provide your e-mail address. Your e-mail address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.

ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.

LICENSE YOU ARE SEEKING – You must check the box for the license type you are requesting a criminal evaluation letter for. If you plan to apply for more than one license, a separate request and applicable fee must be submitted for each license you will be seeking.

SIGNATURE

Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that information provided on this request form, and any attachments, will be investigated. Providing false information may result in denial or revocation of any future license and the imposition of administrative penalties.

ATTACHMENTS

In order to establish the basis for your potential ineligibility please complete the applicable questionnaires listed below:

CRIMINAL HISTORY QUESTIONNAIRE

Attach a completed Criminal History Questionnaire for each conviction or deferred adjudication which you have had. This questionnaire is found at:
<http://www.tdlr.texas.gov/misc/LIC002.pdf>

DISCIPLINARY ACTION QUESTIONNAIRE

If you have ever had an occupational license (not a drivers license) suspended, revoked, probated, or denied in any state, county or municipality, attach a completed Disciplinary Action Questionnaire and any attachments requested on the questionnaire for each sanction. This questionnaire is found at:
<http://www.tdlr.texas.gov/misc/Disciplinary%20Action%20Questionnaire.pdf>

FEES

The fee for this criminal history evaluation: determination of eligibility is **\$25**. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR. Fees and documents should be mailed to:

TDLR
PO BOX 12157
AUSTIN, TEXAS 78711

DOCUMENTS SUBMITTED WITH THE REQUEST WILL NOT BE RETURNED. KEEP A COPY OF THE COMPLETED REQUEST FORM, ALL ATTACHMENTS AND YOUR CHECK.

**TEXAS DEPARTMENT OF LICENSING AND REGULATION**

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REQUEST FORM FOR:

**CRIMINAL HISTORY EVALUATION LETTER:
DETERMINATION OF ELIGIBILITY—COSMETOLOGY****DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW**

RECEIPT NUMBER	FEE AMOUNT	PMT. AMOUNT	MONEY TYPE
	\$25.00 This fee is non-refundable.		

DO NOT WRITE ABOVE THIS LINE

**If you are submitting an application, do not submit this form.
This form is not part of the application process.**

1. Name:

Last First Middle Initial Suffix (JR, SR, III)

2. Date of Birth: _____ - _____ - _____**3. Female** ☐ **Male** ☐**4. Social Security No.:** _____ - _____ - _____**5. Mailing Address :** (P.O. Box is allowed for this address.)_____
Number, Street, Suite No., Apt. No. or P.O. Box_____
City State Zip Code**6. Phone Number :****Fax Number:**(_____) _____
Area Code Phone Number(_____) _____
Area Code Phone Number**Email Address:** _____ (Ex: johndoe@aol.com)**7. List All Names by Which You Have Been Known:**

8. License you will be seeking: (Check only one) (A separate request must be submitted for each license sought)

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Operator | <input type="checkbox"/> Wig Specialist | <input type="checkbox"/> Esthetician Instructor |
| <input type="checkbox"/> Manicurist | <input type="checkbox"/> Eyelash Extension | <input type="checkbox"/> Wig Instructor |
| <input type="checkbox"/> Esthetician | <input type="checkbox"/> Manicurist/Esthetician | <input type="checkbox"/> Eyelash Extension Instructor |
| <input type="checkbox"/> Hair Weaver | <input type="checkbox"/> Operator Instructor | <input type="checkbox"/> Manicurist/Esthetician Instructor |
| <input type="checkbox"/> Hair Braider | <input type="checkbox"/> Manicurist Instructor | |

The criminal history questionnaire is found on the next page. You must complete one questionnaire for each crime for which you have been convicted or placed on deferred adjudication.

CERTIFICATION

I understand that the Department will ultimately base their decision on the information that exists at the time of any license application I may file. I further understand that providing false, inaccurate or misleading information on this request may result in denial and/or revocation of any future license I may request and the imposition of administrative penalties.

Date Signed_____
Signature (must be signed by the person who is the subject of this evaluation)



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CRIMINAL HISTORY QUESTIONNAIRE

The Department must review your criminal history to determine if you are eligible to obtain or retain a license. Depending on your criminal history, review can take from one to six weeks to complete. The assigned Department representative will contact you if necessary.

Complete this form if you have been convicted of a felony or misdemeanor, other than a minor traffic violation, or pleaded guilty or no contest (resulting in a deferred adjudication) to any criminal offense. Be specific and provide exact details. **Attach a separate form for each crime.**

Questions regarding this form may be addressed to the Department's Enforcement Division at enforcement@tdlr.texas.gov, or by phone at (512)539-5600.

Name: First _____ Middle _____ Last _____ SSN: _____ - _____ - _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone: _____ DOB: _____ E-mail: _____

County of conviction or deferred adjudication: _____ Court: _____
(example: Travis County) (example: 300th District Court)

Date crime committed: _____ Date of conviction or deferred adjudication: _____

Exact crime you were convicted of or received a deferred adjudication for: _____

What exactly did you do (crime) and why? (If you need more space to write, attach additional sheets) _____

Sentence or action imposed by the court: (example: six months in Travis County Jail) _____

For renewals, did this conviction occur since your license was last issued: _____ yes _____ no

Are you currently on probation? _____ yes _____ no Are you currently on parole? _____ yes _____ no
If so, list your reporting officer's name: _____ phone number: _____

Intentional failure to provide full and accurate information could result in delay of issuance or denial of your license.

Signature: _____ Date: _____



Welcome to the Testing Center

Testing Center Staff

Dr. Lori Rochelle - Testing Center Coordinator – BCT Room 10

Mrs. Almetta Wilson - Administrative Assistant/Proctor – BCT Room 8

Proctors:

Mrs. Rebecca Blundell * Mrs. Diana Martin * Mrs. Beverly McDowell * Mrs. Carolyn Moore * Mrs. Mary Smaistrila
BCT Room 11

Hours at a Glance:

January ~ ½ May ~ ½ August: Monday - Thursday 8:30 am – 6 pm • Friday 8:30 am – 3 pm

February ~ March ~ April ~ ½ May ~ September ~ October ~ November ~ December

Monday 10 am - 8 pm • Tuesday 8:30 am – 7 pm • Wednesday 8:30 am – 7 pm • Thursday 10 am – 8 pm • Friday 8:30 am – 3 pm • 'select' Saturday's 9 am – 1 pm

May & December Finals Days: 8:30 am – 8:30 pm

June ~ July ~ ½ August: Monday - Wednesday 8:30 am – 6 pm • Thursday 10 am – 8 pm • Friday 8:30 am – 3 pm

Exams MUST begin 1 hour before closing AND MUST be completed by closing

In order to take a test you will need the following:

1. Your **CURRENT STUDENT PICTURE ID, Higher one card** or a valid picture ID (driver's license/state ID) **along with** documentation of T-Number...
2. The name of your instructor.
3. The name and section of the course.
4. The name of the test or exam you wish to take.

Testing Room Policies:

1. No electronic devices, backpacks, cell phones, cigarettes, computers, laptops, extra scantrons, food or drinks, hats, HEAVY jackets and coats, pagers, personal items, purses and wallets, sunglasses, tobacco, *notes, *books, *calculators. (*unless approved by instructor)
2. No children in testing area. No children in the hallway unless supervised by an adult.
3. No appointments for TC Instructor required exams... first come, first served.
4. The Center is equipped with cameras and audio surveillance.
5. We provide **free** scratch paper, ear plugs and pencils. There is a \$0.25 fee for scantrons.

Testing Center Staff Contact Information:

Name	extension	E-mail
Dr. Lori Rochelle	3340	lori.rochelle@texarkanacollege.edu
Mrs. Almetta Wilson	3031	almetta.wilson@texarkanacollege.edu
Mrs. Rebecca Blundell	3278	rebecca.blundell@Texarkanacollege.edu
Mrs. Diana Martin	3278	diana.martin@texarkanacollege.edu
Mrs. Beverly McDowell	3278	beverly.mcdowell@texarkacollege.edu
Mrs. Carolyn Moore	3278	carolyn.moore@texarkanacollege.edu
Mrs. Mary Smaistrila	3278	mary.smaistrila@texarkanacollege.edu

We look forward to meeting all your testing needs!

COSMETOLOGY PREVIEW WEEK

**CALL TO SCHEDULE AN APPOINTMENT
(903) 823-3399**

NOVEMBER 2014

11/18 – 10AM

11/19 – 1PM

11/20 – 3PM

DECEMBER 2014

12/10 – 2PM

JANUARY 2015

1/6 – 10AM

1/7 – 2PM

Every student must schedule and attend this mandatory Informational Session. There is a limit of 10 per session, so please register early by calling the Program Coordinator at (903) 823-3399

You must meet with an Advisor before attending this Informational Session.