



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 / PART-TIME

AAS in COSMETOLOGY: 30 SCH

LENGTH: FULL-TIME: 2 SEMESTERS- DAY; PART-TIME: 3

SEMESTERS- NIGHT

pivot point
MEMBER SCHOOL



REGISTRATION CHECKLIST

☐ **APPLY TO TEXARKANA COLLEGE AT - applytexas.org**

☐ **SUBMIT FINAL TRANSCRIPTS TO THE OFFICE OF ADMISSIONS**

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.

☐ **Take the TABE test.**
Submitted test scores to Office of Admissions

☐ **UPDATE IMMUNIZATIONS**
Students under 22 will not be allowed to register until they have turned in proof of a bacterial meningitis vaccination into 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 **EMAILING** ronda.dozier@texarkanacollege.edu.
This session will cover exceptions and requirements of the department while giving you a chance to meet your instructors and to tour our facilities.

☐ **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 **Student 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.



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

REQUEST FOR CRIMINAL HISTORY EVALUATION LETTER

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.

The request form must be completed and signed by the person requesting the evaluation letter.

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

1. PROGRAM – List the program type you are requesting evaluation for (ex: Cosmetology, Electrician, Massage, etc.).
2. SPECIFIC LICENSE TYPE – Enter the type of license for which you are requesting a criminal history evaluation (ex: Operator, Journeyman, Instructor, etc.).
3. NAME – Please provide your name in the space provided. (Last Name, First Name, Middle Name and Suffix)
Examples of a suffix include Jr., Sr., and III. (Mr. is not a suffix)
4. ALL NAMES BY WHICH YOU HAVE BEEN KNOWN – List any name you have ever used. This would include a maiden name, nickname, alias, etc.
5. DATE OF BIRTH – Provide your date of birth with the two-digit month and two-digit day and four-digit year.
(ex.01/31/1985)
6. GENDER – Select “M” for Male or “F” for Female.
7. SOCIAL SECURITY NUMBER – The Social Security Number disclosure is required by Section 231.302(1) of the Texas Family Code 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](#) or call (512) 460-6000 or (800) 252-8014.
8. 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. The use of the zip plus-4 is not required, but it helps the postal service direct mail more efficiently and accurately.
9. PHONE NUMBER – Provide the phone number, including area code, where we can reach you during the day.
10. EMAIL ADDRESS – Please provide your email address. Your email address is confidential pursuant to the Texas Public Information Act, and the Department will not share it with the public.
11. NAME OF COMPANY – Provide the business name for the company you will be a controlling person for.
12. DOING BUSINESS AS (DBA) NAME - Provide the full DBA name for your business. What is a “Doing Business As” Name? A fictitious name (or assumed name, trade name or DBA name) is a business name that is different from your personal name, the names of your partners or the officially registered name of your LLC or corporation.
13. FEDERAL TAX ID #: Provide the federal ID number for the business you will be working for. Information about federal/employer ID numbers may be obtained from the [IRS Tax Information for Business webpage](#).
14. TYPE OF OWNERSHIP – Select the box that indicates how the business is organized. You can find a description of the various types of business structures on the [Secretary of State’s Business Structure webpage](#).
15. COUNTY AND STATE OF CONVICTION OR DEFERRED ADJUDICATION – ex: Travis, TX; Baxter, AR; Fresno, CA.
16. COURT – Give the name of the court your case was held. (ex: 300th District Court, Superior Court, Federal Court)
17. DATE CRIME COMMITTED – Give the date you committed the crime.
18. DATE OF THE CONVICTION OR DEFERRED ADJUDICATION – Give the date you were convicted or received a deferred adjudication.

19. EXACT CRIME YOU WERE CONVICTED OF OR RECEIVED A DEFERRED ADJUDICATION FOR – Give the official name of the offense shown on your court records.
20. SENTENCE OR ACTION IMPOSED BY THE COURT – (ex: six months in Travis County Jail, deferred adjudication, probation, etc.)
21. WHAT EXACTLY DID YOU DO (CRIME) AND WHY – Give a detailed description of your actions and why you made those decisions, do not simply restate the name of your offense. (If you need more space to write, attach additional sheets)
22. PAROLE – If you are not on parole, please check No. If you answered Yes list your reporting officer's name and phone number.
23. PROBATION – If you are not on probation, please check No. If you answered Yes list your reporting officer's name and phone number.
24. SIGNATURE – Carefully read the statement at the bottom of the request form before you sign and date the form. Be aware that the 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

CRIMINAL HISTORY QUESTIONNAIRE

If your criminal history includes more than the single conviction on this request, please attach a separate [Criminal History Questionnaire \(PDF\)](#) for each additional conviction or deferred adjudication.

FEES

The fee for this criminal history evaluation: determination of eligibility is \$10.00. All fees are non-refundable. Please send one check or money order for the total amount due, payable to TDLR.

SEND YOUR COMPLETED APPLICATION AND REQUIRED DOCUMENTS TO:

Texas Department of Licensing and Regulation
P.O. Box 12157
Austin, TX 78711-2157

Documents submitted with your application will not be returned. Keep a copy of your completed application, all attachments, and your check or money order. Do not send cash.



TEXAS DEPARTMENT OF LICENSING & REGULATION

P.O. Box 12157 • Austin, Texas 78711-2157

www.tdlr.texas.gov

REQUEST FOR CRIMINAL HISTORY EVALUATION LETTER

To request that the Department review your criminal background and issue a Criminal History Evaluation Letter, please fill out this request form. A complete Criminal History Questionnaire is required for each crime for which you were convicted or placed on deferred adjudication. **Pay the non-refundable evaluation request fee of \$10.00.**

The Department will only process a request when all the required and thoroughly completed forms and the payment of the fee are received. Do not leave blank fields, use N/A if not applicable.

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

Do not submit this form **if you are applying** for a license. This form is not part of the application process.

1. Program: ex: Cosmetology, Electrician, Massage, etc.		2. Specific License Type: ex: Operator, Journeyman, Instructor, etc.	
3. Name: First Name _____ Last Name _____ Middle Name _____ Suffix, (Jr., Sr., III) _____			
4. List all names by which you have been known: _____			
5. Date of Birth: Month/Day/Year _____	6. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	7. Social Security Number: See instruction sheet for disclosure information _____	
8. Mailing Address: (P.O. BOX is allowed for this address) Number, Street Name, Suite Number/Apartment Number, City, State, Zip Code _____			
9. Phone Number: (Area Code) Phone Number _____		10. Email Address: (ex: johndoe@gmail.com) See instruction sheet for disclosure information _____	
IF YOU ARE NOT A CONTROLLING PERSON OF A COMPANY, GO TO QUESTION 15			
11. Name of Company: _____		12. DBA: (Doing Business As) _____	
13. Federal Tax ID: _____	14. Type of Ownership: <input type="checkbox"/> General Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP)		

DO NOT STOP HERE!

YOU MUST FULLY COMPLETE THE [CRIMINAL HISTORY QUESTIONNAIRE \(PDF\)](#) ON THE NEXT PAGE IF YOU HAVE MULTIPLE OFFENSES. YOU MUST ALSO COMPLETE ADDITIONAL CRIMINAL HISTORY QUESTIONNAIRES **ONE FOR EACH OFFENSE. DO NOT LEAVE BLANKS!**

CRIMINAL HISTORY INFORMATION

To establish the basis of your potential eligibility for the type of license indicated on this request, answer the following questions. This information is required for each conviction or deferred adjudication you have had for any in-state, out of state or federal criminal offense.

If there is more than one crime, submit a [Criminal History Questionnaire \(PDF\)](#) for each additional crime.

15. County and State of conviction or deferred adjudication:

County (ex: Travis)

State (ex: Texas)

16. Court:

(ex: 300th District Court or Federal Court)

17. Date Crime Committed:

Month/Day/Year

18. Date of conviction or deferred adjudication:

Month/Day/Year

19. Exact crime you were convicted of or received a deferred adjudication:

20. Sentence or action imposed by the court: (ex: six months in Travis County Jail)

21. What exactly did you do (crime) and why: (Give a detailed description of your actions and why you made those decisions; do not simply restate the name of your offense) If you need more space to explain, please attach additional sheets.

22. Are you currently on parole? ☐ No ☐ Yes (if yes, list your reporting officer's name and phone number below)

Parole Officer's Name

(Area Code) Phone Number

23. Are you currently on probation? ☐ No ☐ Yes (if yes, list your reporting officer's name and phone number below)

Probation Officer's Name

(Area Code) Phone Number

24. SIGNATURE

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)