



 **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](https://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 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.***

### **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.*

# 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](http://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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www.tdlr.texas.gov - Enforcement@tdlr.texas.gov

REQUEST FORM FOR:

CRIMINAL HISTORY EVALUATION LETTER:
DETERMINATION OF ELIGIBILITY—COSMETOLOGY

DO NOT WRITE IN THE FEE AREA IMMEDIATELY BELOW

Table with 4 columns: RECEIPT NUMBER, FEE AMOUNT, PMT. AMOUNT, MONEY TYPE. FEE AMOUNT: \$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)

- Operator Wig Specialist Esthetician Instructor
Manicurist Eyelash Extension Wig Instructor
Esthetician Manicurist/Esthetician Eyelash Extension Instructor
Hair Weaver Operator Instructor Manicurist/Esthetician Instructor
Hair Braider 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)

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](mailto: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: 300<sup>th</sup> 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: \_\_\_\_\_