Internship Program Student Enrollment Form

School Name: _____ School License #: 000 ____ ____ ____ Contact Number: _____

Instructor Name: _____ Email Address: _____

Student Name	Program	Enrollment Date	Number of Hours Completed	Salon Name	Salon License # Required	Salon Phone # Required	Name/Board License # (Licensee/Supervisor of Student Intern)

NOTE: Students must have completed at least fifty percent of their required program hours <u>before</u> they are eligible to particpate in the Internship Program. OAC 4713-6-02 (C)