



MISSISSIPPI BOARD OF BARBER EXAMINERS

APPLICATION FOR ENROLLMENT IN A BARBER COLLEGE AS A STUDENT

This application **MUST** be signed by both student and instructor/school agent, then sent to the Mississippi State Board of Barber Examiners within thirty (30) days of entrance of class along with proof of education.

Rule 1.3.School Rule E.

Date of Application		Along with this application, two (2) passport size photos and a copy of high school diploma or GED must be submitted		
Name and Address of Barber College				
PROGRAM OF STUDY	BARBER	INSTRUCTOR (1000 or 600)	CROSSOVER	
Name of Student	First	Middle	Last	Nickname
Student's Mailing Address	City	County	State	Zip
Social Security Number	Telephone Number	Date of Birth	Place of Birth	Length of Residency in MS
Can you Read, Write and Speak English?				YES NO
Type of Student	Full-Time	Part-time	Day Student	Night Student
Email Address				
Name of High School or GED Test Center				
Anticipated Date of Graduation		Name Shown on Diploma		
Have you ever been convicted of a Felony	YES NO	IF YES, COMPLETE THE MBBE.05 REQUEST FOR PRE-DETERMINATION AND ATTACH TO THIS FORM		
TO BE COMPLETED BY SCHOOL OFFICIAL				
Entry Date	Anticipated Date of Graduation	Instructor Name	Hours Need to Graduate	
Transfer Hours	Name of Transferring School	Transcript Date	Hours Completed	

THIS FORM REQUIRES BOTH SIGNATURES

Student's Signature	Date
Instructor/School Agent's Signature	Date

