

**ARKANSAS STATE BOARD OF COSMETOLOGY**  
101 East Capitol, Suite 108  
Little Rock, AR 72201  
(501) 682-2168

**REQUEST FOR TRANSFER OF CLOCK HOURS**

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_ HOURS COMPLETED: \_\_\_\_\_

DATE ENROLLED: \_\_\_\_\_ DATE DROPPED: \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

STUDENT'S SSN: \_\_\_\_\_ PHONE#: \_\_\_\_\_

**I AM REQUESTING THE ABOVE INFORMATION BE TRANSFERRED TO:**

SCHOOL NAME: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_

COURSE NAME: \_\_\_\_\_

ANTICIPATED ENROLLMENT DATE: \_\_\_\_\_

**UPON BOARD VERIFICATION THE ABOVE INFORMATION WILL BE SENT TO THE REQUESTED SCHOOL WITHIN 5 DAYS. THIS INFORMATION MUST BE MAILED TO THE ABOVE ADDRESS. TELEPHONE INQUIRES ARE NOT ACCEPTED.**

**PLEASE BE ADVISED IF YOU HAVE NOT MET YOUR FINANCIAL OBLIGATION THE SCHOOL IS NOT REQUIRED TO RELEASE YOUR HOURS FOR TRANSFER.**

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_