



# Frank Phillips College

1301 W. Roosevelt ♦ PO Box 5118 ♦ Borger, TX 79008

806-457-4200 ♦ [www.fpctx.edu](http://www.fpctx.edu)

## Cosmetology Class Worksheet

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Students Starting In The Fall Semester:

#### Fall Semester

\_\_\_ CSME 1310

\_\_\_ CSME 1505

\_\_\_ CSME 1553

\_\_\_ CSME 2501

#### Spring Semester

\_\_\_ CSME 1447

\_\_\_ CSME 2337

\_\_\_ CSME 2539

\_\_\_ CSME ~~2301~~ 2310 .

#### Summer Semester

\_\_\_ CSME 1443

\_\_\_ CSME 2541

### Students Starting In The Spring Semester:

#### Fall Semester

\_\_\_ CSME 2310

\_\_\_ CSME 1553

\_\_\_ CSME 2501

\_\_\_ CSME 2541

#### Spring Semester

\_\_\_ CSME 1310

\_\_\_ CSME 1447

\_\_\_ CSME 1505

\_\_\_ CSME 2539

#### Summer Semester

\_\_\_ CSME 1443

\_\_\_ CSME 2337

### Students Starting In The Summer Semester:

#### Fall Semester

\_\_\_ CSME 1553

\_\_\_ CSME 2310

\_\_\_ CSME 2337

\_\_\_ CSME 2501

#### Spring Semester

\_\_\_ CSME 1447

\_\_\_ CSME 2539

\_\_\_ CSME 2541

#### Summer Semester

\_\_\_ CSME 1310

\_\_\_ CSME 1505

\_\_\_ CSME 1443

**I understand that before registration can be completed this signed form must be submitted to Student Central for processing. I also understand that a signature is required from a cosmetology advisor.**

\_\_\_\_\_  
Advisor Signature

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date