



Frank Phillips College

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

806-457-4200 ♦ www.fpctx.edu

Cosmetology Class Worksheet

Name: _____

Cell Phone: _____

Address: _____

Home Phone: _____

SSN: _____

Date of Birth: _____

Students Starting In the Fall Semester:

Fall Semester

Spring Semester

___ CSME 1310

___ CSME 1443

___ CSME 1405

___ CSME 1447

___ CSME 1553

___ CSME 2237

___ CSME 2501

___ CSME 2439

___ CSME 2310

___ CSME 2541

Students Starting In the Spring Semester:

Fall Semester

Spring Semester

___ CSME 1310

___ CSME 1443

___ CSME 1405

___ CSME 1447

___ CSME 2501

___ CSME 2237

___ CSME 1553

___ CSME 2439

___ CSME 2541

___ CSME 2310

Dual Credit Students:

1st Fall

2nd Spring

2nd Fall

2nd Spring

___ CSME 1310

___ CSME 1443

___ CSME 1553

___ CSME 2237

___ CSME 1405

___ CSME 1447

___ CSME 2501

___ CSME 2439

___ CSME 2310

___ CSME 2541

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