



**State of North Carolina**  
**BOARD OF BARBER AND ELECTROLYSIS EXAMINERS**

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**PLEASE READ BEFORE YOU BEGIN!**

You must file this form within the time limits established in 21 NCAC 06F .0110 and 06N .0111. Please send the completed form by email, mail, or fax using the contact information listed above.

**REPORT INFORMATION**

Barber school: \_\_\_\_\_

Report month: \_\_\_\_\_ Report year: \_\_\_\_\_

**Student name:**

Last: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

**Student hours:**

Total hours attended: \_\_\_\_\_ Hours carried forward: \_\_\_\_\_

Running total of hours (automatically calculated): \_\_\_\_\_

Number of dates absent: \_\_\_\_\_ Number of patrons served: \_\_\_\_\_

Subject matters covered: \_\_\_\_\_

\_\_\_\_\_  
Manager signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_