



**ADULT COSMETOLOGY PROGRAM  
ADDITIONAL HOURS REQUEST FORM**

**STUDENT NAME:** \_\_\_\_\_

Please mark:

Future Quest

Other: \_\_\_\_\_

Skills USA

Double Session From: \_\_\_\_\_

To: \_\_\_\_\_

| DAY                             | DATE | START TIME | END TIME | TOTAL HOURS | x \$6.50  |
|---------------------------------|------|------------|----------|-------------|-----------|
| M                               |      |            |          |             |           |
| T                               |      |            |          |             |           |
| W                               |      |            |          |             |           |
| T                               |      |            |          |             |           |
| F                               |      |            |          |             |           |
| S                               |      |            |          |             |           |
| S                               |      |            |          |             |           |
| <b>TOTAL PAYMENT ADJUSTMENT</b> |      |            |          |             | <b>\$</b> |

\_\_\_\_\_  
INSTRUCTOR NAME

\_\_\_\_\_  
INSTRUCTOR SIGNATURE

\_\_\_\_\_  
DATE

**I understand that this request generates financial responsibility on my part, and I agree and assume the responsibility to comply with the payment adjustments during this time.**

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DEAN OF STUDENTS

\_\_\_\_\_  
DATE

\_\_\_\_\_  
ACCOUNTS PAYABLE  
BUSINESS OFFICE

\_\_\_\_\_  
DATE