

# Internship Program Student Enrollment Form

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

School License #: 000 \_\_\_\_\_

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

Contact Number: \_\_\_\_\_

Student Name	<u>SSN</u> Last 4 Digits	Program	Enrollment Date	Number of Hours Completed	Salon Name	Salon License # Required	Salon Phone # Required	Name/Board License # (Licensee/Supervisor of Student Intern)