



**Instructor:**

Cosmetology schools must have an instructor trained on straight razor shaving. Could you please confirm if the instructor associated with your school has received this training? **Circle one: Yes or No**

**List cosmetology instructor and license number. Please have the instructor sign and date below:**

<b>Cosmetology Instructor Name</b>	<b>Cosmetology Instructor License Number</b>	<b>Cosmetology instructor Signature</b>	<b>Signature Date</b>

If no, do you have a contract with a certified barber or master barber instructor to train students on straight razor shaving? **Circle one: Yes or No**

**List barber or master barber instructor and license number. Please have the instructor sign and date below:**

<b>Barber/Master barber Instructor Name</b>	<b>Barber/Master barber Instructor License Number</b>	<b>Barber/Master barber Instructor Signature</b>	<b>Signature Date</b>

**\* To verify employment, board staff will contact the instructors who signed this syllabus for confirmation. Please advise the instructors to expect a call/email from the board.**

**\*\*If you do not have a certified cosmetology, barber, or master barber instructor specializing in straight razor shaving associated with your school, your must update this information with the Board upon hire or contract.**

**Grading Policy:**

Your grade will be determined by a combination of factors, including:

- Class participation and attendance
- Performance in practical labs
- Written assignments and quizzes
- Final exams

**Grading Scale:**

**A= \_\_\_\_\_ to \_\_\_\_\_ (list number grades)**

**B= \_\_\_\_\_ to \_\_\_\_\_ (list number grades)**

**C= \_\_\_\_\_ to \_\_\_\_\_ (list number grades)**

**D= \_\_\_\_\_ to \_\_\_\_\_ (list number grades)**

**F= \_\_\_\_\_ to \_\_\_\_\_ (list number grades)**

**Attendance Policy:**

Regular attendance is crucial to your success in the program. A detailed attendance policy will be outlined in the program handbook or contract.

**Academic Integrity:**

The program upholds a strict policy on academic integrity. Cheating and plagiarism will not be tolerated. More details will be provided by your school.

*I certify that the information above is true and accurate, and the school will abide by the contents indicated above. I am aware that submitting false information, omitting pertinent or material information, or failing to update or provide supplemental information as requested in connection with this application will delay processing and may lead to license revocation or denial of license. I have read, understand, and complied with all the laws of Virginia related to this profession under the provisions of Title 54.1, Chapter 7, of the Code of Virginia and the Virginia Board for Barbers and Cosmetology Regulations.*

**Responsible Manager Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Responsible Manager Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Responsible Manager Signature** \_\_\_\_\_

**Date** \_\_\_\_\_