# OKLAHOMA STATE BOARD OF COSMETOLOGY AND BARBERING
## STUDENT QUARTERLY HOURS REPORT

| SCHOOL NAME | SCHOOL ADDRESS | QUARTER ENDING DATE |
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| STUDENT NAME | REGISTRATION NUMBER | TOTAL HOURS MONTH 1 | TOTAL HOURS MONTH 2 | TOTAL HOURS MONTH 3 | TOTAL HOURS FOR QUARTER |
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| SUPERVISING INSTRUCTOR SIGNATURE (REQUIRED) | DATE |
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