

# CENTRALIA BEAUTY COLLEGE

SAP APPROVAL: **YES** NO Week of : \_\_\_\_\_

## Explanation:

Student is currently in compliance with her SAP averages and is open to  
engage  
in her externship for the period noted above. \_\_\_\_\_

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Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Admin Sign (Printed): Tara Foster Date \_\_\_\_\_

Administration Signature:  Date \_\_\_\_\_



Date	Time In & Out	Services Assisted In:	Services Observed:

Stylist Name (printed) \_\_\_\_\_

Stylist Signature \_\_\_\_\_