

# Urban Barber College

## School Catalog and Pre-Enrollment Disclosures Acknowledgement

**Main Campus:** 1809 Willow Pass Rd. Concord, CA 94520

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**Branch Campus:** 311 N. Capitol Ave. Unit i N. San Jose, CA 95133

**I have received a school catalog (in print or electronically), understand I can always print another on the school web page and understand the below policies are included in such:**

\_\_\_\_\_ **State Licensing Requirements:** I understand the State of California Licensing Requirements as put forth in the school's catalog.

\_\_\_\_\_ **Satisfactory Academic Progress Policy (SAP):** I understand the policy set forth in the catalog.

\_\_\_\_\_ **Industry Prerequisites:** I understand industry prerequisites for employment in the profession including, but not limited to physically demanding postures and other considerations covered in the school's catalog.

\_\_\_\_\_ **Course Outline:** I understand the **Barbering & Barber Crossover** program's Course Outline set forth in the catalog.

\_\_\_\_\_ **R2T4 Return to Title IV policy in this catalog**

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**I have reviewed the below disclosures and understand they are also posted on the school's web page.**

\_\_\_\_\_ **Program Outcomes and Performance data for State of California** and on urbanbarbercollege.com

\_\_\_\_\_ **Program Outcomes and Performance data for NACCAS** and on urbanbarbercollege.com

\_\_\_\_\_ I have viewed the California State Board of Barbering & Cosmetology Act & Regulations Booklet Electronically at [https://www.barbercosmo.ca.gov/laws\\_regs/act\\_regs.pdf](https://www.barbercosmo.ca.gov/laws_regs/act_regs.pdf)

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**Student Name (Print):**

**Date:**

**Student Name (Sign):**

**Parent or Guardian of Dependent minor Signature, if applicable:**

**Date:**