

**Annual Report  
Completion Check Sheet and Certification**

Print a copy of this Completion Check Sheet. The certification must be signed by a responsible officer of the institution. **Please keep a copy for your records.**

Return this Completion Check Sheet and Certification with the following documents:

**Paper Copy Confidential Documents: Must submit paper copy only.**

- A current compiled, reviewed or audited Financial Statement \* as required pursuant to 5 CCR §74115. Tax returns and/or bank statements will not be accepted.

**Electronic Copy Public Documents:**

**All documents contained on the CD or flash drive will be posted to the Bureau's website. The institution must take precaution to ensure that no confidential data, such as financial statements or students' personal information, is contained within these documents on the CD or flash drive.**

- Please provide the following document on a Flash Drive or CD:
  - Student Performance Fact Sheet (unless a link to it is provided in the Annual Report)
  - 2013 School Catalog (unless a link to it is provided in the Annual Report)
  - United States Department of Education final administrative actions (if any),
    - Accreditation agency formal disciplinary actions (if any),
    - A list of the employment positions determined to be within the field for which a student received education and training for the calculation of job placement rates (CEC §94910(f)(2))
    - A list of the objective sources of information used to substantiate the salary disclosure (CEC §94910(f)(3))

Name of Institution International Beauty College

Institution Code 81663071

Address of Institution 1224 Polk st

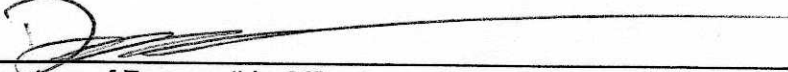
City/State/Zip Code San Francisco CA 94109

Name Responsible Officer and Contact Telephone Number/Email (please print or type)

Dong Mei Li (415)931-6333, info@international-beauty-college.com

**Please note that by signing this document you are assuming responsibility for the information that is contained in the Annual Report and on the Flash Drive or CD; the information contained on the Flash Drive or CD may not include any confidential information.**

I certify, under penalty of perjury of the laws of the State of California, that the information and responses submitted in and with the Annual Report are true and complete to the best of my knowledge and belief.

  
\_\_\_\_\_  
(Signature of Responsible Officer)

08/18/15  
\_\_\_\_\_  
(Date)

DONGM31 LI Director  
\_\_\_\_\_  
Printed Name and Title

Date Documents Submitted to the Bureau for Private Postsecondary Education: Aug 18, 15

Mail the required Documents, CD and/or flash drive along with this sheet to:

The Bureau for Private Postsecondary Education  
P.O. Box 980818  
West Sacramento, CA 95798-0810

Or

2535 Capitol Oaks Dr., Suite 400  
Sacramento, CA 95833

\* "Current" with respect to financial statements means completed no sooner than 120 days prior to the time it is submitted to the Bureau, and covering no less than the most recent completed fiscal year (5 CCR 74115(d).) The institution is required pursuant to 5 CCR §74115(b)(2) to submit compiled statements, however an institution may substitute reviewed or audited statements if the institution so desires.



Department of Consumer Affairs

## Bureau for Private Postsecondary Education

You can now Print this page for your records.

After printing, you can proceed to enter in additional Programs data OR  
you can begin to enter in Branches data

### BPPE Annual Report for 2014 – Programs

**Tracking Number:** 2015071330517

**Report for Year:** 2014

**Institution Code:** 81663071

#### INFORMATON FOR EACH EDUCATIONAL PROGRAM OFFERED AT THE INSTITUTION

**Degree/Program Level:** DiplomaCertificate

**If Other, please specify:**

**Degree/Program Title:** DiplomaCertificate

**If Other Doctorate, Other Master, Other Bachelor, Other Associate or Other was  
chosen, please specify:**

**Name of Program (e.g. Business Administration, Massage, etc.):** Cosmetology

**Number of Degrees or Diplomas Awarded:** 29

**Total Charges for this program (Report whole dollars only):** \$ 4031

**Number of Students Who Began the Program:** 32

**Students Available for Graduation:** 32

**Graduates:** 29

**Completion Rate:** 90

**150% Completion Rate:** 28

**Is the above data taken from the data that was reported to and calculated by the  
Integrated Postsecondary Education Data System (IPEDS) of the United States**

**Department of Education?:**

no

**PLACEMENT**

**Graduates Available for Employment: 26**

**Graduates Employed in the Field: 23**

**Placement Rate: 88**

**Graduates employed in the field an average of less than 32 hours per week: 0**

**Graduates employed in the field an average of 32 or more hours per week: 0**

**EXAM PASSAGE RATE**

**Does this educational program lead to an occupation that requires licensing?: yes**

**If Yes, please provide the information below (For each of the last two years):**

**First Data Year (YYYY):**

**Name of the licensing entity that licenses this field: Cosmetology License**

**Name of Exam: Cosmetology**

**Number of Students Taking Exam: 21**

**Number Who Passed the Exam: 11**

**Number Who Failed the Exam: 9**

**Passage Rate: 52**

**Is this data from the licensing agency that administered the exam?: yes**

**Name of Agency: Board of Barbering Cosmetology**

**If the response was no, provide a description of the process used for attempting to contact students:**

**Second Data Year (YYYY):**

**Name of the licensing entity that licenses this field:**

**Name of Exam:**

**Number of Students Taking Exam:**

**Number Who Passed the Exam:**

