Name: ___________________  TATC I.D. #: ___________________  Effective Date: ___________________

Campus:  [ ] TATC  Instructor: ___________________  Student Type:  [ ] Adult  or  [ ] HS - Grade _____  Home HS _______

Company: ___________________  (ATI, EGG, & URS require a stop date to schedule)  Schedule End Date: ___________________

<table>
<thead>
<tr>
<th>A/B</th>
<th>Time M-TH</th>
<th>Mon</th>
<th>Tue</th>
<th>Wed</th>
<th>Thu</th>
<th>Saturday Only Hours</th>
<th>Hours</th>
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<tbody>
<tr>
<td></td>
<td>8:00-9:00 AM</td>
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<td>9:00-10:00 AM</td>
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<td>11:00-12:00 PM</td>
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<td>12:00-1:00 PM</td>
<td>Lunch</td>
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<td></td>
<td>12:00-12:30 PM</td>
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<td>1:00-2:00 PM</td>
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<td>12:30-1:30 PM</td>
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<td>2:00-3:00 PM</td>
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<td>7:00-8:00 PM</td>
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</tbody>
</table>

**Check Desired Program or Individual Courses:**

- [ ] Welding Technician I 265 Hrs
- [ ] Welding Technician Program 195 hrs (Disc)
- [ ] Welding Technician II 970 hrs
- [ ] Welding Technician III 1225 hrs
- [ ] Welding Single Courses

**Welding Single Courses**

- [ ] Introduction and Safety *
- [ ] Welding, Oxyfuel and Plasma Cutting *
- [ ] Shielded Metal Arc Welding I
- [ ] Shielded Metal Arc Welding II
- [ ] Gas Metal Arc Welding
- [ ] BlueprintReading
- [ ] Shop Math
- [ ] Flux-cored Arc Welding
- [ ] Gas Tungsten Arc Welding
- [ ] Shielded Metal Arc Welding Pipe
- [ ] Gas Tungsten Arc Welding Pipe

**Amount Due at Enrollment:**

Registration - $40 Program / $5 per Single Course: ___________________
Reinstatement fee - $20: ___________________

Amount Paid / Amount Voucher Written for: ___________________  Rec’d By: ___________________  Date: ___________________

**Sponsor Information:** (Students must provide voucher)

- [ ] Deseret Industries: ___________________  Phone: ___________________  Fax: ___________________
- [ ] DWS Contact: ___________________  Phone: ___________________  Fax: ___________________
- [ ] VA Voc Rehab Contact: ___________________  Phone: ___________________  Fax: ___________________
- [ ] Voc Rehab Contact: ___________________  Phone: ___________________  Fax: ___________________
- [ ] LYFE Contact: ___________________  Phone: ___________________  Fax: ___________________
- [ ] Other Contact: ___________________  Phone: ___________________  Fax: ___________________

Sponsor Location or Address: ___________________

- [ ] TATC Scholarship:
- [ ] TATC Employee Benefit ___ Employee ___ Spouse/Child (Employee’s name: ___________________)  
  ___ TATC Professional Development (requires prior approval from supervisor, memo attached)