STUDENT SCHEDULE – OPEN ENTRY

Name: ___________________________ TATC I.D.# _______ Effective Date: _________________

Campus: TC TCSD/CLC Instructor: ___________________ Student Type: Adult HS - Grade ___ Home HS______________

Effective Date: ________________

A/B Period Time Mon Tue Wed Thu Fri Weekly Hours

3 8:00-9:00 AM
4 9:00-10:00 AM
5 10:00-11:00 AM
6 11:00-12:00 PM
7 12:00-1:00PM Lunch
8 1:00-2:00 PM
9 2:00-3:00 PM
10 3:00-4:00 PM
NA 4:00-5:00 PM
NA 5:00-6:00 PM
12 6:00-7:00 PM
NA 7:00-8:00 PM

Total Hours Per Week

Proficiency Certificate - A program comprised of a sequence of courses

BUSINESS
- Accounting Clerk
- Customer Service
- Executive Assistant
- Office Clerk
- Office Manager
- Receptionist

HEALTH CARE
- Clinical Medical Assisting
- Medical Billing & Coding
- Medical Office Administration (NO NEW)
- Medical Office Laboratory Technician
- Phlebotomy Technician

INFORMATION TECHNOLOGY
- Computer Upgrade & Repair (A+)
- Network Administrator (MCSA)
- Network Engineer (CCNA)
- Networking Technician (Net+)
- Industrial Maintenance
- Welding Technician

Skills Competence Certificate - Single course(s) Please write in or check:

BUSINESS

HEALTH CARE

INFORMATION TECHNOLOGY

Amount Due at Enrollment:
Registration - $40 Program / $5 per Single Course
Reinstatement fee - $20

Amount Paid / Amount Voucher Written for: ________________________

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)

Registered By: ______ Date: __________