



STUDENT SCHEDULE – OPEN ENTRY

Registered By: _____

Date: _____

Name: _____

TATC I.D.#

Effective Date: _____

Campus: TC TCSD/CLC Instructor: _____ Student Type: Adult HS - Grade _____ Home HS _____
 Pre-Registration Form Rec'd

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							
NA	10	3:00-4:00 PM							
NA	11	4:00-5:00 PM							
NA	12	5:00-6:00 PM							
NA	13	6:00-7:00 PM							
NA	14	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
- Heavy Duty Diesel**

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

BUSINESS	HEALTH CARE	INFORMATION TECHNOLOGY
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____
_____	_____	_____

HEALTH CARE

INFORMATION TECHNOLOGY

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)