



Developmental Skills/Learning Center

SCHEDULE – OPEN ENTRY

Room 147

Registered by: _____

Date: _____

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

Campus: TATC Instructor: _____ Student Type: Adult or HS - Grade _____ Home HS _____
 Pre-Registration Form Rec'd

Time	Mon	Tues	Wed	Thur	Weekly Hours
9:00-10:00 AM					
10:00-11:00 AM					
11:00-12:00 AM					
12:00-1:00 PM	Lunch Hour - no class				
1:00-2:00 PM					
2:00-3:00 PM					
3:00-4:00 PM					
4:00-5:00 PM					
5:00-6:00 PM					
	Total Hours per Week				

Amount Due at Enrollment:

Registration - \$40 Program/\$5 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)