Nail Technician SCHEDULE – OPEN ENTRY

Registered by:_________
Date: _____________

Name: ___________________________ TATC I.D.# 0 0 0 0 0 0 0 0 0 0 0 0 0 0 1 0 22 333 444 Effective Date: _____________

Campus:   TATC  Instructor: ________________  Student Type:   Adult or   HS - Grade   Home HS __________

[ ] Pre-Registration Form Rec’d

<table>
<thead>
<tr>
<th>Time</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thur</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00 AM - 2:00 PM</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>20</td>
</tr>
</tbody>
</table>

Total Hours per Week 20

Amount Due at Enrollment:

- Registration - $40 Program................................................................. ______________________
- 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)