



88 S Tooele Blvd
Tooele, Utah 84074
Phone: (435) 248-1800
FAX: (435) 248-1900
www.tatc.edu



Application for Admission

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Date _____

TRAINING PLAN

Program at Time of Admission: _____

Course(s) at Time of Admission: _____

ADMISSIONS ASSESSMENT

Assessment Completed: Math Reading Alternate Documentation (transcripts) Not Applicable (single course enrollment)

Based on Admissions Assessment scores, is this plan concurrent with Academic Development courses? Yes No

If so, please indicate areas of focus and goals for upgrading required skills areas:

TRAINING PLAN ACKNOWLEDGEMENT

As the undersigned student, I have requested and agree to the above training/program goals and agree. I have agreed to attend the Student Orientation and to abide by the policies and regulations of the Tooele Applied Technology College as reviewed in the orientation session.

Student Signature _____ Enrollment Specialist _____

Date _____ Date _____

ENROLLMENT OBJECTIVE

Check One:

Adults - I am enrolling in courses or programs to/for:

Prepare for employment or make a career change (Certificate Seeker)

Unemployed, updating skills to re-enter workforce (Job Re-entry)

Upgrade skills in current position (Occupational Upgrade) *

Personal interest

Personal interest - Senior Citizen (Tuition Waiver)

High School Students - I am enrolling in courses or programs to/for:

Earn High School Credit (must have prior approval from HS counselor)

Personal interest - not for High School Credit

Company Name *	_____
Address *	_____
City/State/Zip *	_____
Phone Number *	_____
Job Title *	_____
Supervisor *	_____
Approx. Start Date *	_____
Hourly Wage *	_____

* Requirement of accreditation

GENERAL INFORMATION

Name (Last, First, Middle)		Home Phone (include area code)	Birth Date (month/day/year)
Mailing Address		Cell phone	Work Phone
City		E-mail Address	
State	Zip	County	Social Security Number
Emergency/Alternate Contact		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. Permanent Resident <input type="checkbox"/> Not U.S. Citizen or U.S. Resident	
Phone	Relationship		

EDUCATIONAL INFORMATION (New Student only) Please list chronologically.

Schools Attended	Name of Institution	City/State	Dates Attended	Date Graduated Mo/Year	Certificate or Degree
Last High School					
College/University					
College/University					
College/University					

If you have attended other colleges, please provide transcripts with this application IF enrolling in a full program. Admissions assessment requirements may be waived based on information on transcripts from other institutions of higher education.

If you are currently in high school:

Grade: 9 10 11 12 High School: _____

If you are not a H.S. graduate and your senior class has graduated:

Do you have a GED certificate? Yes No

Month/Year, City/State: _____

CLASSIFICATION

<p>New Student</p> <p><input type="checkbox"/> Adult (High School class has graduated)</p> <p><input type="checkbox"/> High school</p> <p>Former Student</p> <p><input type="checkbox"/> Re-enrolling</p> <p>Last date of attendance: _____</p>	<p>Sponsorship:</p> <p>Is an agency sponsoring your training? If so, please check:</p> <p><input type="checkbox"/> DI</p> <p><input type="checkbox"/> DWS</p> <p><input type="checkbox"/> LYFE</p> <p><input type="checkbox"/> Voc Rehab</p> <p><input type="checkbox"/> Other _____</p>	<p>Have you served, or are you currently serving in the military?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you a dependent of a Veteran?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you eligible for VA Education Benefits?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Please see the College's Veteran Services Advisor if you seek credit for military training.</p>
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DEMOGRAPHIC INFORMATION Please check the items that best describe you. The information in this section is voluntary.

<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Pacific Islander/Native Hawaii <input type="checkbox"/> Unspecified	<p>Disability?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Disadvantaged?</p> <p><input type="checkbox"/> Economic <input type="checkbox"/> Academic (Less than 2.0 GPA.) <input type="checkbox"/> Both <input type="checkbox"/> Neither <input type="checkbox"/> Unknown</p>	<p>Limited English Proficiency?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	<p>Community Status</p> <p><input type="checkbox"/> Adult offender (Not in custody.)</p> <p><input type="checkbox"/> Aid to family & dependents</p> <p><input type="checkbox"/> Dislocated worker</p> <p><input type="checkbox"/> Displaced homemaker</p> <p><input type="checkbox"/> Incarcerated</p> <p><input type="checkbox"/> Juvenile offender</p> <p><input type="checkbox"/> Single parent</p> <p><input type="checkbox"/> Single pregnant woman</p>
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COMPUTER RESOURCES ACCEPTABLE USE AGREEMENT

In compliance with the College's Computer Resources Acceptable Use Policy, I understand and agree to comply with the standards of behavior that are expected. I understand and agree to conduct myself responsibly and appropriately with regards to the use of network resources; I understand that all communications and information accessible via TATC hardware/software should be assumed to be TATC property; I understand that software installed on College computer equipment must be installed by TATC IT employees; I understand that under no circumstance may unauthorized users copy College-owned software for installation on personal computer equipment; I understand that the IT department will activate access to the Internet and users are expected to exercise sound judgement in the use of this resource, and use should be limited primarily to official College business and to incidental and off-duty personal uses that are appropriate to standards of ethical behavior; I understand in the event that the IT department suspects or detects an infraction of this agreement, they will report their suspicions to the Campus President for further investigation and/or appropriate action; I understand violations of the agreement may result in suspension or revocation of any or all computer privileges and or disciplinary actions by virtue of my signature below.

Student signature _____ Date _____

STUDENT RECORDS DISCLOSURE

In compliance with federal FERPA regulation 34 C. F. R. Part 99, the College may release the following as directory information without student consent: name, program of study, dates of attendance, certificate/diploma/degree awarded, honors received, activities participation, and photo for publicity. Students or parents of minor students requesting that such information be withheld must complete the appropriate form requesting specifically which directory information should be suppressed. This form can be obtained from the Student Services office, and should be submitted within the first month of the student's enrollment date. Other specific information not listed above may be released provided the signed consent form is in the student's file. In accordance with FERPA 34 C. F. R. Part 99, Subpart D, certain governmental institutions have access to student records without prior consent for disclosure.

Members of my training team authorized to receive information in my training records:

- Desseret Industries
- DWS
- LYFE
- Voc Rehab
- Parent/Guardian
- School Counselor
- Other _____

If you are a student who would like to discuss Accommodations for Students with Disabilities, please request a meeting with the ADA Counselor to request appropriate accommodations.

STUDENT UNDERSTANDING OF FINANCIAL OBLIGATION

I understand that it is my responsibility to ensure that payment is made in the first 15 business days of each month, whether I am self-sponsored or have a sponsoring entity. I understand that late fees will be added for all late payments. Additionally, I understand that tuition and fees will be assessed until I *officially* withdraw from the College by informing Student Services staff verbally or in writing. I understand I will incur additional tuition and fees if I fail to notify Student Services staff of my withdrawal. I understand that unpaid balances are subject to External Collection proceedings, which includes additional charges and interest. Signature: _____

STUDENT ACKNOWLEDGMENT

I understand that the College gathers and verifies information about student employment that helps them in their goal to maintain quality programs. Sources the College contacts, such as employment agencies, employers and others, may require that my social security number be released. Such inquiries by the College may be conducted once during the 12 months after I leave the College. Additionally, I understand that the College will provide students with information about job openings that are related to training goals.

Privacy Act Notice
 The College confidentially maintains your social security number for routine uses such as facilitating document matching, verifying your identity, and expediting your enrollment. **Disclosure of your Social Security Number is voluntary, but failure to provide your Social Security Number will result in loss of federal and state financial aid, tax credits, student loan deferments, veteran benefits, and other benefits under law. In addition, you are subject to a penalty of \$50 by the IRS unless your failure is due to reasonable cause and not to willful neglect.**

I certify that all information I have provided on this application is true. I agree that, upon acceptance as a student of the Tooele Applied Technology College, I will agree to abide by all policies and procedures of the College.

Signature _____ Date _____

STUDENT SURVEY

Please check all that apply: How did you hear about the TATC?

Referred by:

- Agency
- Brochures
- Family
- Friends
- Internet
- Newspaper
- School Counselor
- Other _____

Most important reason(s) for attending?

- Earn H.S. Credit
- Earn Industry Certification
- Personal Interest
- Prepare for Employment
- Upgrade Employment Skills
- Other _____