TATC
Tooele Applied Technology College
A UCAT Campus

WELDING SCHEDULE – OPEN ENTRY

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

Company: _____ (ATI,EGG,& URS require a stop date to schedule) Schedule End Date:_____

A/B	Time M-TH	Mon	Tue	Wed	Thu	Saturday Only Hours		Hours
	8:00-9:00 AM							
	9:00-10:00 AM					9:00-10:00 AM		
	10:00-11:00 AM					10:00-11:00 AM		
	11:00-12:00 PM					11:00-12:00 PM		
NA	12:00-1:00 PM	Lunch				12:00-12:30 PM	Lunch	NA
	1:00-2:00 PM					12:30-1:30 PM		
	2:00-3:00 PM					1:30-2:30 PM		
NA	3:00-4:00 PM					2:30-3:30 PM		
NA	4:00-5:00 PM					3:30-4:30 PM		
NA	5:00-6:00 PM							
NA	6:00-7:00 PM							
NA	7:00-8:00 PM							
							Total Hours Per Week	

Check Desired Program or Individual Courses:

☐ **Welding Technician I 265 Hrs**
☐ **Welding Technician II 970 hrs**
☐ **Welding Technician III 1225 hrs**
☐ **Welding Technician Program 195 hrs** (Disc)
☐ **Welding Single Courses**

Welding Single Courses

☐ Introduction and Safety *
☐ Welding, Oxyfuel and Plasma Cutting *
☐ Shielded Metal Arc Welding I
☐ Gas Metal Arc Welding
☐ BlueprintReading
☐ Shop Math
☐ Shielded Metal Arc Welding II
☐ Flux-cored Arc Welding
☐ Gas Tungsten Arc Welding
☐ Shielded Metal Arc Welding Pipe
☐ Gas Tungsten Arc Welding Pipe

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)