TATC
Tooele Applied Technology College
A UCAT Campus

Nail Technician 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

Time	Mon	Tues	Wed	Thur	Hours
9:00 AM - 2:00 PM	X	X	X	X	20
				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)