

Salt Lake • Tooele

APPLIED TECHNOLOGY COLLEGE

## APPLICATION FOR ADMISSION

1655 East 3300 South Salt Lake City, Utah 84106 Phone: (801) 493-8700 FAX: (801) 493-8750

DATE

A UTAH COLLEGE OF APPLIED TECHNOLOGY CAMPUS

GENERAL INFORMATION							
NAME (LAST,FIRST, MIDDLE)		HOME PHONE (INCLUDE AREA CODE) BIRTHDATE (MONTH/DAY/YEAR)			TH/DAY/YEAR)		
SOCIAL SECURITY NUMBER		MOBILE/WORK PHONE E-MAIL ADDRESS					
PERMANENT STREET ADDRESS		MAILING ADDRESS					
CITY		CITY					
STATE Z	IP	STATE		ZIP			
EMERGENCY/ALTERNATE CONTACT	E:	RELATIONSHIP:					
EDUCATIONAL INFORMATION Please list chronologically.							
SCHOOLS ATTENDED NAME OF INST			DATES ATTENDED	DATE GRADUATED	CERTIFICATE OR DEGREE		
LAST HIGH SCHOOL							
COLLEGE/UNIVERSITY							
COLLEGE/UNIVERSITY							
COLLEGE/UNIVERSITY							
If you have attended other colleges, please provide transcripts with this application. Admissions assessment requirements may be waived based on information on transcripts from other institutions of higher education. Residency status may also be determined through transcript information.         IF YOU ARE CURRENTLY IN HIGH SCHOOL:							
LAST DATE OF ATTENDANCE: SPONSORSHIP Is another agency sponsoring your training? If so, please chec	(No trans	AUDIT ENROLLMENT IN:					
DWS VOC REHAB TANF	SIT	RT DATE AND TIME: E:					
DEMOGRAPHIC INFORMATION         Please check the items that best describe you.         The information in this section is voluntary.							
MALE     DISABILITY?       FEMALE     YES       AFRICAN AMERICAN     UNKNOWN       NATIVE AMERICAN     UNKNOWN		ED?	COMMUNITY AID TO DISPLAC SINGLE SINGLE DISLOC, ADULT C	Y STATUS FAMILY & DEPEND CED HOMEMAKER PARENT PREGNANT WOMA ATED WORKER OFFENDER (Not in o LE OFFENDER	IENTS AN		

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WWW.SLTATC.ORG

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UTAH RESIDENCY FOR TUMON PURPOSES High school students referred by their school district may skip this section.						
HOW LONG HAVE YOU LIVED IN UTAH CONTINUOUSLY?YEARSMONTHS						
DO YOU HAVE A UTAH DRIVER'S LICENSE? YES NO DO YOU HAVE A UTAH STATE IDENTIFICATION CARD? YES NO						
Applicants must reside in Utah continously for a minimum of 24 months or be a student in an institution of higher education completing a minimum of 60 credit hours of coursework or have completed 1800 clock hours of coursework, and meet other criteria as evaluated by Student Services in compliance with USBHE R 512.						
PLEASE ANSWER THE FOLLOWING QUESTIONS: (If yes, please provide supporting documentation.)						
2. ARE YOU CURRENTLY RECEIVING UTAH STATE AID? YES NO						
*3. ARE YOU CURRENTLY SPONSORED BY STATE REHABILITATION?						
*4. ARE YOU A STUDENT MARRIED TO A UTAH RESIDENT?						
5. ARE YOU A GRADUATE OF A UTAH HIGH SCHOOL BUT HAVE BEEN ABSENT FROM UTAH FOR LESS THAN 48 MONTHS?						
6. ARE YOU A STUDENT 23 YEARS OR YOUNGER WHO MOVED TO UTAH WITH A PARENT WHO IS A UTAH RESIDENT?						
7. ARE YOU A SPOUSE OR DEPENDENT OF AN EMPLOYEE WHO MOVED TO UTAH FOR A FULL TIME JOB?						
8. ARE YOU A NATIVE AMERICAN MEMBER OF AN ELIGIBLE TRIBE? YES NO						
9. HAVE YOU BEEN DESIGNATED A UTAH RESIDENT AT ANOTHER INSTITUTION OF HIGHER EDUCATION? YES NO						
IO. HAVE YOU MOVED TO UTAH SOLELY FOR THE PURPOSE OF BEING A STUDENT IN A POST-SECONDARY INSTITUTION?						
* Applicants receiving state aid or rehabilitation services for the purposes of attending an institution in the higher education system must also provide objective evidence of domiciliary intent to be a Utah resident.						
In order to certify Utah residency status, applicants may be asked to present objective evidence of Utah residency status such as: Utah voter registration, Utah driver's license, Utah State ID, Utah vehicle registration, evidence of employment in Utah, evidence of payment of Utah income tax, evidence of banking in Utah, or lease or purchase of a home. All appeals of the College's residency certification shall be conducted by the Office of Student Services.						
CMIZENSHIP						
<ul> <li>U.S. CITIZEN</li> <li>U.S. PERMANENT RESIDENT (Please provide copy of U.S. Resident Card.)</li> <li>NOT U.S. CITIZEN OR U.S. RESIDENT VISA TYPE:</li></ul>						



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JTAH COLLEGE OF APPLIED TECHNOLOGY CAMPUS

### 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.

#### PLEASE READ

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 18 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, and this requires the College to register students with the Department of Workforce Services.

#### **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 may result in delay or loss of federal and state financial aid, tax credits, student loan deferments, veteran benefits, and other benefits under law.

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

STUDENT SIGNATURE

#### FEES AND TUITION

#### TUITION

The College requires a minimum down payment of the first month's tuition. The full tuition for each class is dependent on the structure of the class and the amount of time a student spends in the classroom. Please see the course description for specific course tuition information.

#### PROGRAM FEES

Each program may require the payment of fees in addition to the tuition. The fees must be paid in advance. Please see the program and course descriptions for specific fee information.

REGISTRATION FEE \$40.00 for a program or for access to all classes* * For fixed length classes the registration fee is included in the tuition. If a student is not actively enrolled in SLTATC courses for two years, their registration will lapse and the student will have to re-register to enroll in programs or classes.			TUITION DOWN PAYMENT: \$ REGISTRATION FEE: \$ PROGRAM FEE: \$ TOTAL AMOUNT ENCLOSED: \$
FOR OFFICE USE ONLY			
EDUCATIONAL GOALS  NEW EMPLOYMENT  UPGRADE PRESENT EMPLOYMENT  EGREE INTEREST  CERTIFICATION INTEREST  UPGRADE ACADEMIC SKILLS  PERSONAL INTEREST ONLY	YES	YES NO	LICENSE OR UTAH STATE ID ON FILE
ID VERIFICATION:			

DATE



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TRAINING PLAN					
STUDENT NAME (LAST,FIRST, MIDDLE)	SOCIAL SECURITY NUMBER				
PROGRAM	PROGRAM COUNSELOR				
FOUNDATION/DEGREE					
FUNDING SELF HIGH SCHOOL OTHER					
REFERRED BY:					
ADMISSIONS ASSESSMENT					
ASSESSMENT COMPLETED: MATH READING LANGUA	GE COMPASS OTHER ALTERNATE DOCUMENTATION				
Based on Admissions Assessment scores, is this plan concurrent with Academi If so, please indicate areas of focus and goals for upgrading required skills ar					
ADDITIONAL COMMENTS ON PROGRAM OR DEGREE GOALS:					
If you are a student who would like to discuss Accommodations for Students with Disabilities, please request a meeting with your Applied Technology Counselor to request appropriate accommodations.					
TRAINING PLAN ACKNOWLEDGEMENT					
As the undersigned student, I have requested and agree to the above training/program goals and agree to abide by the policies and regulations of the Salt Lake • Tooele Applied Technology College. I hereby give consent to release my training records to members of my training team as identified above, pursuant to the Family Education Rights & Privacy Act of 1974.					
STUDENT SIGNATURE	ADMISSIONS/REGISTRATION TECHNICIAN				
DATE	DATE				