

¹Akron Testing Lab and Welding School, Ltd

Student Data

*Photo
of
Student Here
(Office)*

Date _____
ATW # _____

Name _____

Address _____

Phone # _____

DOB _____

Email _____

US Citizen _____

Veteran _____ Last 4 of SS _____

How did you hear about
us? _____

EDUCATION:

High School/GED _____

College _____

Trade/Vocational School _____

Emergency Contact

¹ 79-01-0631T

Name _____ Phone # _____

Objective: _____

Employment Record:

Dates	Location	Position	Reason for Leaving
From To			
From To			
From To			
From To			

IMPORTANT: Students are not permitted consume alcohol, misuse prescription medication or use illicit drugs while enrolled.

Do you agree to abide by these conditions? Yes _____ NO _____
Failure to abide by these conditions may result in cancellation of enrolment.

ENROLLMENT SELECTION:

Course	Selection	Course	Selection
Basic 1 SMAW		BASIC 2 SMAW	
GMAW		SMAW Pipe	
FCAW		Pipe GTA/SMA	
GTAW		Stainless Pipe	
Blueprint Reading		OFW	
Cutting		Brazing	

