

1100 Liberty Street | Knoxville, TN 37919 T: 865-546-5567 | F: 865-971-4474 www.tcatknoxville.edu

Industrial Maintenance/Mechatronics

The Industrial Maintenance/Mechatronics program is designed to provide students with general skills in a variety of areas common to industry.

The mission of the Industrial Maintenance/Mechatronics program is to provide the most competency-based training for the students that will benefit and equip each and every individual to achieve his/her goals as they enter or re-enter the workforce. This can be done by: Seeing each and every student as an individual with their own unique skills, gifts, and abilities. Finding out what those skills and gifts are and shaping their abilities through the training to enhance the same. Carefully and closely matching jobs and students to find as close a connection as possible that will benefit the student, the employer, and the success of the program in the years to come. Building a strong relationship with community businesses that will have the utmost confidence in our students and in the program so that their first thoughts for filling available positions will be the IM program of TCAT Knoxville and the school as a whole.

Program/Location	Length	Days	Time
Day Program/ Knoxville Campus	16 Months	Monday-Friday	8:00 am—2:30 pm
Night Program/Knoxville Campus	16 Months	Monday-Thursday	3:30 pm—10:30 pm

Course Outline:

First Trimester

Orientation & Safety
Technology Foundations
OSHA 10 Training
Mechanical Maintenance

Hydraulics Pneumatics

Second Trimester

Basic Electricity

Electrical Motor Control

Intro to PLCs

Third Trimesters

Programmable Logic Controllers I

Fourth Trimester

Programmable Logic Controllers II and Robotics

Intro to Robotics

Diploma & Required Clock Hours

Industrial Maintenance Technician—1,728

Certificates & Required Clock Hours

Industrial Maintenance Helper—864

Programmable Logic Controllers—432

Advanced Programmable Logic Controllers & Robotics-432

Typical Job Opportunities

Industrial Maintenance Mechanical Maintenance Electrical Maintenance

Total Placement Rate 2015: 96%

HOW TO APPLY

All Documents Must be Presented Together to Apply

- 1. FAFSA—Provide Proof of Completed FAFSA
 School Code = 004025
- 2. Immunizations—Provide Proof of Required
 Immunizations (Form is Attached)
- 3. Complete TCAT Application for Enrollment (Form is Attached)
- 4. Provide proof of official transcripts of education from high school, high-school equivalency or other colleges and universities.



Industrial Maintenance/Mechatronics

	Book, Tool, and	Supply List				
	1st Trimester					
	ition			Cost		Total
rai	Tuition*		Śź	1,139.00		Total
	Technology Access Fee*		\$	67.00		
	Student Activity Fee*		\$	10.00		
	TOTAL		· ·	20.00	1	\$1,216.00
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Во	oks	ISBN		Cost	Required	
	Industrial Mechanics, 4th edition	9780826937124	\$	105.00	х	
	Industrial Mechanics workbook, 4th edition	9780826937131	\$	29.00	х	
	Electrical Motor Controls (w/CD), 5th Ed.	9780826912268	\$	136.00	х	
	Electrical Motor Controls for Integrated Systems WB	9780826912275	\$	35.00	х	
	Programmable Logic Controllers (ACT MAN)	9780073303420	\$	122.00	х	
	Programmable Logic Controllers (w/out Logixpro Lab & CD)	9780073510880	\$	226.00	х	
	TOTAL					\$653.00
Su	pplies	Needed By		Cost	Required	
	Denim Jeans	First day of class	\$	35.00	х	
	3 Black Short Sleeve Work Shirts (collared or polo)	First day of class	\$	75.00	х	
	Black or Brown Belt	First day of class	\$	20.00	х	
	Steel Toe Work Boots	First day of class	\$	140.00	х	
	Safety Glasses	First day of class	\$	10.00	х	
	TOTAL	·				\$280.00
То	ols	Needed By		Cost	Required	
	Tool Box or Tool Pouch	Per Instructor			х	
	Combination Insulated Screwdriver Set	Per Instructor			х	
	Wire Strippers	Per Instructor			х	
	Needle Nose Pliers	Per Instructor			х	
	2 Hex Head Key Sets (1 standard and 1 metric)	Per Instructor			х	
	6" Steel Ruler with Sliding Bar	Per Instructor			х	
	Digital Multimeter Auto Ranging	Per Instructor			Х	
	Clamp-on Amp Meter	Per Instructor			Х	
	Electrical Crimping Pliers	Per Instructor			Х	
	TOTAL					\$495.00
			_			
Mi	scelleanous Cost			Cost	Required	
	OSHA 10 Training		\$	25.00	Х	
	TOTAL					\$25.00
	and Trimester					
	2nd Trimester			Cost		Total
Tul	ition Tuition*		٠ خ	Cost		Total
	Technology Access Fee*		\$. \$	1,139.00		
	Student Activity Fee*		\$	67.00		
	TOTAL		Ş	10.00		ć4 24 <i>C</i> 00

Student Activity Fee TOTAL

3rd Trimester

\$1,216.00

Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$1,216.00
4th Trimester		
Tuition	Cost	Total
Tuition*	\$1,139.00	
Technology Access Fee*	\$ 67.00	
Student Activity Fee*	\$ 10.00	
TOTAL		\$1,216.00
Miscelleanous Cost	Cost Required	
Graduation Supplies	\$ 40.00 x	
TOTAL		\$40.00
TOTAL PROGRAM COST		\$6,357.00

Measles, Mumps, and Rubella (MMR)

TCAT - Knoxville Certification of Immunization

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY STU	DENT)
Proof of MMR immunization is not re	•
□ I attended a Tennessee public or □ I was born prior to January 1, 195 □ I am active duty or former militar	private high school in 1999 or after. (transcript attached) private high school in 2001 or after. (transcript attached) 57. (copy of photo ID or birth certificate attached) ry personnel. (copy of DD214 or active military ID attached)
IF THE	ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART II (TO BE COMPLETED BY STU Proof of MMR immunization is not re	•
 I refuse immunization because o perjury. Please attach statement 	of religious doctrine. (Reason affirmed under the penalties of t.)
IF THE .	ABOVE IS CHECKED, PLEASE SIGN BELOW.
PART III—MMR (TO BE COMPLETED BY PH Please circle the number that applies to th	
	les vaccination since the age of 12 months: Month/year
2. Vaccination is medically contraindicated	because of pregnancy, allergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by me Month/year	
4. Patient is immune to disease, as confirm Comment	
,	ATTEST (Must be signed by an M.D. or D.O.)
Name of physician (Please print)	
Office telephone	
	Date
Student's signature	Date

Revised: September 4, 2014

TCAT - Knoxville Certification of Immunization Varicella (Chicken Pox)

Student's name:	Program of Enrollment:
PART I (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
 I attended a Tennessee public high school between 1999 second varicella vaccine dose from your physician office 	
□ I was born prior to January 1, 1980. (copy of photo ID or b	•
☐ I am active duty or former military personnel. (copy of DI	
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART II (TO BE COMPLETED BY STUDENT)	
Proof of varicella (chicken pox) immunization is not required f	or the following reason:
□ I refuse immunization because of religious doctrine. (Reas	son affirmed under the populties of
perjury. Please attach statement.)	son annined under the penalties of
IF THE ABOVE IS CHECKED, PLEASE SIG	GN BELOW.
PART III—VARICELLA (TO BE COMPLETED BY PHYSICIAN) Please circle the number that applies to this patient:	
riedse circle the number that applies to this patient.	
1. Patient has received two doses of varicella (chicken pox) vaccinati	on since the age of 12 months:
Month/year Month/	year
2. Vaccination is medically contraindicated because of pregnancy, al	lergy to vaccine, etc. (Please list reasons.)
3. Patient had disease, as confirmed by medical record:	
Month/year	
4. Detient is immune to disease as confirmed by laboratory.	
4. Patient is immune to disease, as confirmed by laboratory. Comment	
ATTEST	
(Must be signed by an M.D. o	
Name of physician (Please print)	
Office telephone	
Physician's signature	Date
Student's signature	Date

Revised: September 4, 2014



ENROLLMENT APPLICATION

Applicants must complete every item on this form, sign and date and return it to the College.

	Full Legal Name					
	Last	First		Middle		
	Address		City			
	County	State Zip	Email	Address		
	- '-	/		Gender: M F		
o	Social Security	Date of Birth	Age			
Personal Information	Marital Status:MarriedSingle Preferred Phone Number:					
nal In	Race: Do you consider yourself to be Hispanic/Latino/Spanish origin?YesNo Select one or more of the following racial categories to best describe you:					
ırso		ativeNative Hawaiia				
Pe	Asian	White				
	Black or African American					
	Citizenship status:US Citize	en or US National US Du	al Citizen US Perm	nanent Resident or RefugeeOther		
	US Forces Status:Currently ServingPreviously ServingCurrent DependentN/A					
	ALL MALES 18 OR OLDER MUST be registered with Selective Service. Have you registered for Selective Service? Not required to registeredRegisteredRequired to register, but not registered					
>	Education (insert highest level	of education completed):				
Prior Education/ Training	Name of last high school attended:					
r Educati Training	High school graduation date (mm/yyyy): GED Diploma Date					
Prior	Are you seeking credit for pr	ior education, training or w	ork experience?	_YesNo		
٤	Please review the campuses website and provide the program name choice for career training (Example: Administra Office Technology)					
Program	When will you be available to e		pringSummer			
						

state civil rights law with respect to all employment, programs and activities sponsored by the TCATs.



Application for Enrollment

The information is for Office use only:
ADMISSIONS REQUIREMENTS
FAFSA I will not be filing financial aid. I will be paying for my education. Students Initials:
Immunizations Education Transcripts
SPECIAL ADMISSIONS REQUIREMENTS
Cosmetology: Photo Proof of Age Copy of SS Card RT/LT Handed Manicuring Only
Dental Assisting, Medical Assisting, and Surgical Technology Compass required scores: Math 30 and Reading 70
COMPASS or ACT – Scores: Math Reading (Date:) CPR Documentation (BLS for Healhcare Providers)
Practical Nursing:
Compass required scores: Math 50 and Reading 80 Notarized Declaration of Citizenship Copy of ID Used to Declare Citizenship
CPR Documentation (BLS for Healhcare Providers)
COMPASS or ACT – Scores: Math Reading (Date:)
Truck Driving: MVR DOT Physical Valid Driver's License U.S. Citizenship / Residency
Staff Signature:
Date:

Revised: 6/29/2016