



Mastercam Apprentice Program School Application Form

Name of School: _____

Name of Department: _____

Contact Person: _____

Title: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-mail: _____

<u>Instructor Name</u>	<u>Degrees or Training</u>	<u>Duties (include full or part time)</u>
1.		
2.		
3.		
4.		

Number of Systems of Mastercam (include version #):

Title of course(s) in which Mastercam is taught:

Number of times course is held each year:

Total number of students in course each year:

<u>Other CAM Packages taught</u>	<u>Number of systems</u>	<u>ATC status (circle one)</u>	
1.		yes	no
2.		yes	no
3.		yes	no

<u>CAD Packages taught</u>			
1.		yes	no
2.		yes	no
3.		yes	no

