WESTERN IOWA TECH COMMUNITY COLLEGE
Enrollment Services
Class Schedule Form – Fall Semester

Print: _____
        Last   First   M.I.

Soc. Sec. # _____ Home Phone #(___)_____Day Phone #(___)_____

Permanent Address_____
                    Street   City   State   Zip

Address While Attending WITCC_____
                                Street   City   State   Zip

LIST ACADEMIC PROGRAM: Hospitality Operation Concepts 1st Year

Course #	Section	Course Title	Days	Time	Credits
SDV 108	009	The College Experience	TH	11-11:50	1
HCM 321	01	Intro Hospitality Industry	M	1:00-1:50	1
HCM 100	01	Sanitation and Safety	TTH	9-10:40	2
HCM 335	01	Intro to Event Planning	MWF	10-10:50	3

Total Credits   7

Be aware if you start this program anytime but the fall semester, or take classes part time, you may face problems with courses not being offered when you need them and delays in the amount of time it takes to graduate.

Please show all students the tri-fold with program schedule. Class order MUST be followed.

Directory Information
In accordance with the Family Education Rights and Privacy Act of 1974 and amendments thereto, WITCC considers the following information as public information and will release such information without your consent: Name, Address, Telephone Number, Field of Study, Date of Attendance, Degree and Awards Received, and Educational Institutions Attended. If you do not wish this information released, contact the Enrollment Services Office for a Directory information Form. Directory information will not be withheld from law enforcement officials.

I understand this registration form becomes part of my official file at WITCC and creates a legal obligation on my part to pay required tuition and fees. I have read and agree to abide by the rules and regulations governing registration as published in the Fall Schedule of Classes.

Student's Signature_____

Date_____

Advisor's Signature_____
Revised 03/25/2015

Office Use Only
1.   Address Change:_____
2.   Program Change:_____
Registration Initials and Date:
_____