



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services

Class Schedule Form – Fall 2015 Semester

Please Print.

Legal Name _____
Last First M.I.

ID. # _____ Home Phone # (____) _____ Day Phone # (____) _____

Permanent Address _____
Street City State Zip

Address While Attending WITCC _____
Street City State Zip

LIST ACADEMIC PROGRAM: **Auto Collision Repair Technology 1st Year 1st Semester**

Course #	Section	Course Title	Days	Dates	Time	Credits
CRR-102	01	Sheet Metal Welding	M,W,F T,TH M,T,W,TH F	8/24 – 9/21	8:00 – 11:50 9:30 – 11:50 12:30 – 2:10 1:00 – 2:40	3
CRR-411	01	Interior Body Construction	M,W,F T,TH M,T,W,TH F	10/23 – 11/19	8:00 – 11:50 9:30 – 11:50 12:30 – 2:10 1:00 – 2:40	3
CRR-403	01	Exterior Body Construction	M,W,F T,TH M,T,W,TH F	11/20 – 12/22	8:00 – 11:50 9:30 – 11:50 12:30 – 2:10 1:00 – 2:40	3
CRR-323	01	Sheet Metal Fundamentals	M,W,F T,TH M,T,W,TH F	9/22 – 10/22	8:00 – 11:50 9:30 – 11:50 12:30 – 2:10 1:00 – 2:40	3
MAT 772	14	Applied Math	T,TH	8/24 – 12/22	8:00 – 9:15	3
SDV-108	022	The College Experience	M	8/24 – 12/22	2:30 – 3:30	1

Total Credits 16

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 2015 Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Office Use Only

1. Address Change: _____

2. Program Change: _____

Registration Initials and Date: _____

(If Program change, LIST NEW PROGRAM: _____, and NEW ADVISOR: _____.)

EDUCATIONAL GOAL (Choose 1)

Do you intend to graduate from WIT?

☐

Graduate from WITCC GRD

What degree are you pursuing?

☐

Auto Collision Repair Technology AAS

☐

Auto Body Refinishing Diploma

☐

Auto Body Repair Diploma

☐

Auto Body Structural Repair Diploma

☐

Auto Body Procedures Certificate

☐

Automotive Painting Certificate

If you do not intend to graduate from WIT, please choose from the list below.

Do you intend to transfer to another institution?

☐

Transfer to Another TRF

Are your educational goals for self-improvement?

☐

Self Improvement/Basics BAS

Are your educational goals to meet license/certification requirements?

☐

Meet License/Cert LIC

Other

☐

Not Available

If NA, Explain: