



# 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: **Air Conditioning, Heating & Refrig. 1<sup>st</sup> Year 1st Semester - DN**

Course #	Section	Course Title	Days	Dates	Time	Credits
SDV 108	30	The College Experience	M	8/24-12/22/15	3:00-3:50 PM	1
ELE 112	30	Basic Electrical Theory	MW TTH	8/24-12/22/15	8:00-8:50 AM 8:00-9:25 AM	3
HCR 112	30	Heating Fundamentals	TTH MW F	8/24-10/16/15	11:00-11:50 AM 9:00-11:50 AM 8:00-9:50 AM	3
HCR 120	30	Gas Heating	MTWTH MTTH F	8/24-10/16/15	1:00-1:50 PM 2:00-2:50 PM 10:00-12:50 PM	3
HCR 125	30	Oil and Hydronic Heating	TTH MW F	10/22-12/22/15	11:00-11:50 AM 9:00-11:50 AM 8:00-9:50 AM	3
HCR 430	30	Electric Motors and Controls	MTWTH MTTH F	10/22-12/22/15	1:00-1:50 PM 2:00-2:50 PM 10:00-12:50 PM	3
MAT 772	31	Applied Math	TTH	8/24-12/22/15	9:30-10:45 AM	3

Total Credits 19

#### 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?**

☐

Air Conditioning, Heating and Refrigeration Diploma

☐

Air Conditioning Certificate

☐

Heating 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: