



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: Accounting Diploma/Cost Acc/Payroll Clerk Year 1st Year Fall

Course #	Section	Course Title	Days	Time	Credits
ACC 131	01	Principles of Accounting	MTWTH	9-9:50	4
MAT 102	06	Intermediate Algebra	MTWTH	10-10:50	4
SDV 108	009	The College Experience	TH	11-11:50	1
BCA 147	01	Basic Spreadsheets (1 st 8 wks)	MW	1:30-3:20	2
BCA 148	01	Advanced Spreadsheets (2 nd 8 wks)	MW	1:30-3:20	2
FIN 121	01	Personal Finance **Acc Dip Only**	F	9-11:40	3

Total Credits 13/16

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 Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

<p><u>Office Use Only</u></p> <p>1. Address Change: _____</p> <p>2. Program Change: _____</p> <p>Registration Initials and Date: _____</p>

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