



## WESTERN IOWA TECH COMMUNITY COLLEGE

### Enrollment Services

## Class Schedule Form – Spring 2016 Semester

Legal Name \_\_\_\_\_

Student ID. # \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

LIST ACADEMIC PROGRAM: **Agriculture Management 2nd Year Spring**

Course #	Section	Course Title	Days	Dates	Time	Credits
AGA 158	801	Soil Fertility	Online	1/19 – 3/11	Online	3
AGH 284	501	Pesticide Application Certificate	Online	1/19 – 5/6	Online	3
ECN 120 or ECN 130		Principles of Macroeconomics or Principles of Microeconomics				3
		Agriculture Elective (AGB 210, AGC 420, AGM 155, AGS 228, AGS 319 or AGC 403)				7

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 Spring 2016 Schedule of Classes.

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

Advisor's Signature \_\_\_\_\_

Date \_\_\_\_\_

# Name

Student ID. #

## EDUCATIONAL GOAL (Choose 1)

☐ **Do you intend to graduate from WIT?**  
Graduate from WITCC GRD

☐ **What degree are you pursuing?**  
Agriculture Management AAS  
☐ Agriculture Diploma

*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:

## Western Iowa Tech Community College Consent and Release Form

Western Iowa Tech Community College, 4647 Stone Avenue, P.O. Box 5199, Sioux City, Iowa 51102-5199, a nonprofit organization, is hereby **authorized/not authorized (circle one)** to use my image and/or interview information in any marketing, educational, or informative materials produced by the College or by an outside agency on behalf of the College.

By signing this form, I/we further release and forever discharge Western Iowa Tech Community College, its officers, trustees, members, agents, designees, and employees from any and all liability whatsoever, including all claims, demands, and causes of action of every nature now or in the future, whether known or unknown, and which may hereafter appear or develop arising out of said interview, photograph, videotape, Web page, and/or film. This Consent and Release is signed solely in reliance on the undersigned's own knowledge, belief, and judgment and not upon any representation made by Western Iowa Tech Community College or others in its behalf.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature