



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services Class Schedule Form

Spring Semester

Print: _____
Last First M.I.

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

Permanent Address _____
Street City State Zip

Address While Attending WITCC _____
Street City State Zip

LIST ACADEMIC PROGRAM: Audio Production Assistant & Tech 1st Year Section 2

Course #	Section	Course Title	Days	Time	Credits
MUS 267	02	Pro Tools	TTh	9-11:20	3
MUS 285	02	Audio Production & Equipment I	TTh	12:30-2:50	3
MUS 300	02	Sound Systems on Location II	TTh	5:30-6:50	2
MUS 301	02	Live Sound Production	TTh	3-5:30	3
MUS 102	02	Music Fundamentals	MW	9:30-10:45	3
SPC 122	02	Interpersonal Communication	MW	12:30-1:45	3

Total Credits 17

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 Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Office Use Only

1. Address Change: _____

2. Program Change: _____

Registration Initials and Date: _____