



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services

Class Schedule Form – Spring 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 Tax Prep Cert 1st Year Spring

Course #	Section	Course Title	Days	Time	Credits
ACC 132	01	Principles of Accounting II	MTWTH	10-10:50	4
ACC 171	01	Sales and Use Tax	M	2-2:50	1
ACC 261	01	Income Tax Accounting	MW	12:30-1:45	3
BUS 185	01	Business Law I	TTH	11-12:15	3
PSY 102	04	Human and Work Relations	TTH	12:30-1:45	3

Total Credits 14

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: _____

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

Revised 9/24/2015

EDUCATIONAL GOAL (Choose 1)

Do you intend to graduate from WIT?

☐

Graduate from WITCC GRD

What degree are you pursuing?

☐

Accounting Specialist AAS

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: