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: Administrative Office Support Diploma 1st Year

Course #	Section	Course Title	Days	Time	Credits
ADM 159	01	Proofreading and Editing	MWF	8:00AM-8:50AM	3
PSY 102		Human and Work Relations			3
ADM 167	01	Office Procedures II	MWF	10:00AM-10:50AM	3
ADM 123	01	Document Formatting I	MW	12:30-1:45PM	3
ADM 154	501	Business Communication	Online	Online	3

Total Credits   15

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 2014 Schedule of Classes.

Student's Signature_____

Date_____

Advisor's Signature_____

Date_____

(If Program change, LIST NEW PROGRAM:_____, and NEW ADVISOR:_____.)
Revised 9/25/14