



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services Class Schedule Form

Spring Semester

Print: \_\_\_\_\_ M.I.

Student ID # \_\_\_\_\_ Home Phone #(\_\_\_\_) \_\_\_\_\_ Day Phone #(\_\_\_\_) \_\_\_\_\_

Permanent Address \_\_\_\_\_

Address While Attending WITCC \_\_\_\_\_

LIST ACADEMIC PROGRAM: Graphic Design 2nd Year Section 1

Table with 6 columns: Course #, Section, Course Title, Days, Time, Credits. Rows include GRA 255, GRA 246, GRA 203, GRA 240, GRA 700, and GRA 932.

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 box containing: 1. Address Change: \_\_\_\_\_, 2. Program Change: \_\_\_\_\_, Registration Initials and Date: \_\_\_\_\_