

## WESTERN IOWA TECH COMMUNITY COLLEGE

## **Enrollment Services Class Schedule Form**

## **FALL Semester**

Print:		Lock	First		NA I	
Last Student ID #			First Home Phone #( )	M.I.  Day Phone #( )		
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Perma	anent Addres	ss	Street	City	State	Zip
A -1 -1				City	State	ip
Addre	ss While Att	enaing wi	Street	City	State	Zip
LIST A	CADEMIC PRO	GRAM: Cer	tified Personal Trainer (Diploma) 1st	Year		
	Course #	Section	Course Title	Days	Time	Credits
	SDV 108	025	College Experience	Т	8:30-9:20	1
	BIO 169		Human Anatomy & Physiology IA w/ Lab			4
	HSC 270	701	Clinical Exercise Testing	F (Lab)	9:00-11:00	3
	BIO 151	01	Nutrition	TTH	1:00-2:15	3
	PEA 148	01	Physical Fitness I	MW MW	11:00-11:25 11:25-12:15	2
	MAT 772	05	Applied Math	MW	1:00-2:15	3
		1			Total Credits	16
In acco followin Number wish the will not I under obliga	ng information r, Field of Stud- is information is be withheld fr erstand this r tion on my p	e Family Educ as public info y, Date of At- released, cor om law enfo registration part to pay	cation Rights and Privacy Act of 1974 and privation and will release such information tendance, Degree and Awards Received, attact the Enrollment Services Office for a reement officials.  In form becomes part of my officials required tuition and fees. I have ration as published in the Fall Sch	on without your of and Educational Directory inform al file at WITCO e read and agre	consent: Name, Address Institutions Attended. ation Form. Directory Cand creates a lega ee to abide by the i	ss, Telephone If you do not information
Student's Signature					Office Use Only	
Date					1. Address Change:	
					2. Program Change:	
Advisor's Signature					Registration Initials and Date:	
Date_						
(If Pro	gram change	e, LIST NEV	W PROGRAM:	, and NEW	ADVISOR:	.)