



WESTERN IOWA TECH COMMUNITY COLLEGE
Enrollment Services Class Schedule Form
FALL 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: Certified Personal Trainer (Diploma) 1st Year

Course #	Section	Course Title	Days	Time	Credits
SDV 108	020	College Experience	M	1:30-2:20	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	06	Applied Math	TTH	9:30-10:45	3
Total Credits					16

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 Fall 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: _____.)