



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: Medical Transcriptionist 1st Year

Course #	Section	Course Title	Days	Time	Credits
SDV 108	020	College Experience	M	1:30-2:20	1
ADM 105	01	Intro to Keyboarding	TTH	1:00-1:50	1
HSC 114	03	Medical Terminology	T	6:00-8:50	3
ADM 159	01	Proofreading & Editing	MWF	9:00-9:50	3
BIO 163	01	Essentials of Anatomy & Physiology	MWF TH	8:00-8:50 8:00-9:50	4
CSC 110	03	Intro to Computers	MW	10:30-12:50	3
BCA 115	01	Internet Basics	TTH	2:00-2:50	1
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: _____.)