



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: Admin Office Assistant Cert 1<sup>st</sup> Year Spring

Course #	Section	Course Title	Days	Time	Credits
ADM 123	01	Document Formatting	MW	12:30-1:45	3
ADM 159	01	Proofreading & Editing	MWF	8-8:50	3
PSY 102	02	Human & Work Relations	MWF	10-10:50	3

Total Credits 9

**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 \_\_\_\_\_

<p><b>Office Use Only</b></p> <p>1. Address Change: _____</p> <p>2. Program Change: _____</p> <p>Registration Initials and Date: _____</p>
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(If Program change, LIST NEW PROGRAM: \_\_\_\_\_, and NEW ADVISOR: \_\_\_\_\_.)

## EDUCATIONAL GOAL (Choose 1)

**Do you intend to graduate from WIT?**

Graduate from WITCC      GRD

**What degree are you pursuing?**

Accounting Specialist AAS

***If you do not intend to graduate from WIT, please choose from the list below.***

**Do you intend to transfer to another institution?**

Transfer to Another      TRF

**Are your educational goals for self-improvement?**

Self Improvement/Basics      BAS

**Are your educational goals to meet license/certification requirements?**

Meet License/Cert      LIC

**Other**

Not Available

If NA, Explain: