



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services

Class Schedule Form – Spring 2016 Semester

Legal Name _____

Student ID. # _____ Phone _____

Address: _____

LIST ACADEMIC PROGRAM: **Agribusiness Technology 2nd Year Spring**

Course #	Section	Course Title	Days	Dates	Time	Credits
MGT 101		Principles of Management				3
SDV 153		Pre-employment Strategies				2
PSY 102		Human & Work Relations				3
MKT 140		Principles of Selling				3
ENG 106		Composition II				3

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 2016 Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Name

Student ID. #

EDUCATIONAL GOAL (Choose 1)

☐ **Do you intend to graduate from WIT?**
Graduate from WITCC GRD

☐ **What degree are you pursuing?**
Agribusiness Technology 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:

Western Iowa Tech Community College Consent and Release Form

Western Iowa Tech Community College, 4647 Stone Avenue, P.O. Box 5199, Sioux City, Iowa 51102-5199, a nonprofit organization, is hereby **authorized/not authorized (circle one)** to use my image and/or interview information in any marketing, educational, or informative materials produced by the College or by an outside agency on behalf of the College.

By signing this form, I/we further release and forever discharge Western Iowa Tech Community College, its officers, trustees, members, agents, designees, and employees from any and all liability whatsoever, including all claims, demands, and causes of action of every nature now or in the future, whether known or unknown, and which may hereafter appear or develop arising out of said interview, photograph, videotape, Web page, and/or film. This Consent and Release is signed solely in reliance on the undersigned's own knowledge, belief, and judgment and not upon any representation made by Western Iowa Tech Community College or others in its behalf.

Date

Printed Name

Signature