



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services

Class Schedule Form – Fall 2017 Semester

Please Print.

Legal Name \_\_\_\_\_  
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: Auto Collision Repair Technology 2<sup>nd</sup> Year 1st Semester

Course #	Section	Course Title	Days	Dates	Time	Credits
CRR-811	01	Surface Preparation	M,W T,TH M-TH	8/23 –10/2	8:00 – 11:50 9:30 – 11:50 12:30 – 2:35	4
CRR-805	01	Refinishing I	M,W T,TH M-TH	10/3 – 11/13	8:00 – 11:50 9:30 – 11:50 12:30 – 2:35	4
CRR-834	01	Refinishing II	M,W T,TH M-TH	11/14 - 12/21	8:00 – 11:50 9:30 – 11:50 12:30 – 2:35	4
PSY-102	04	Human and Work Relations	T,TH	8/23 – 12/21	8:00 – 9:15	3

Total Credits 15

**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 2017 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?**

- Auto Collision Repair Technology AAS
- Auto Body Refinishing Diploma
- Auto Body Repair Diploma
- Auto Body Structural Repair Diploma
- Auto Body Procedures Certificate
- Automotive Painting Certificate

***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: