



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: Band Instrument Repair- 1<sup>st</sup> Year

Course #	Section	Course Title	Days	Time	Credits
SDV 108	005	College Experience	M	3-3:50	1
BIR 101	01	The BIR Industry	F	10-10:54	3
BIR 105	01	Repair Shop Safety	F	9-9:50	1
BIR 140	01	Woodwind Repair I	MW	9-1:20	4
BIR 150	01	Brasswind Repair I	TTH	9-1:20	4
MUA 174	01	Wind Instrument Playing Techniques I	TBD	TBD	1
PSY 111	06	Introduction to Psychology	TTH	2-3:15	3

Total Credits 17

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

<p><b><u>Office Use Only</u></b></p> <p>1. Address Change: _____</p> <p>2. Program Change: _____</p> <p>Registration Initials and Date: _____</p>
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