



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- 2nd Year

Course #	Section	Course Title	Days	Time	Credits
BIR 126	01	Woodwind Machine Operations	M T F	1-1:50 10-11:20/12-12:50 1-2:20	3
BIR 210	01	Percussion Instrument Repair	T	1-1:50	1
BIR 240	01	Woodwind Repair III	MW MTH TH	2-2:50 10-11:20/12-12:50 1-1:50	4
BIR 250	01	Brasswind Repair III	TTH WF W	2-2:50 10-11:20/12-12:50 1-1:50	4
MUA 176	01	Wind Instrument Playing Techniques III	TBD	TBD	1
MUS 100	01	Music Appreciation	MWF	9-9:50	3

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 _____

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