



WESTERN IOWA TECH COMMUNITY COLLEGE

Enrollment Services Class Schedule Form

Spring 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- 1st Year

Course #	Section	Course Title	Days	Time	Credits
BIR 110	01	Instrument Case Repair	F	9-9:50	1
BIR 135	01	Small Parts Machining	TTH F F	8-8:50 10-10:50 12-12:50	3
BIR 141	01	Woodwind Repair II	MW MW	9-11:20 12-1:20	4
BIR 151	01	Brasswind Repair II	TTH TTH	9-9:50 12-1:20	4
MUA 175	01	Wind Instrument Playing Techniques II	MW	3-4	1
COM 723	601	Workplace Communications	Online	Online	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 Spring Schedule of Classes.

Student's Signature _____

Date _____

Advisor's Signature _____

Date _____

Office Use Only

1. Address Change: _____

2. Program Change: _____

Registration Initials and Date:
