



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- 2nd Year

Course #	Section	Course Title	Days	Time	Credits
BIR 215	01	Shop Management Practices	T F	1-1:50 1-2:40	3
BIR 225	01	Orchestral String Instrument Repair	M T T	1-1:50 10-11:20 12-12:50	2
BIR 241	01	Woodwind Repair IV	MW MTH MTH TH	2-2:50 10-11:20 12-12:50 1-1:50	4
BIR 251	01	Brasswind Repair IV	TTH WF WF W	2-2:50 10-11:20 12-12:50 1-1:50	4
MAT 772	01	Applied Math	TTH	8-9:15	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 _____

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