WESTERN IOWA TECH COMMUNITY COLLEGE  
Enrollment Services  

Class Schedule Form – Fall 2010 Semester 

Please Print.  

Legal Name
Last First M.I.  

Soc. Sec. # Home Phone #(___) Day Phone #(___)  

Permanent Address  
Street City State Zip  

Address While Attending WITCC  
Street City State Zip  

LIST ACADEMIC PROGRAM: **Police Science Corrections** NEW 1st Semester  

<table>
<thead>
<tr>
<th>Course #</th>
<th>Section</th>
<th>Course Title</th>
<th>Days</th>
<th>Dates</th>
<th>Time</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRJ 100</td>
<td>01</td>
<td>Intro. To CJ</td>
<td>TTH</td>
<td>8-9:15</td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>CRJ 133</td>
<td>01</td>
<td>Con Crim Procedure</td>
<td>MWF</td>
<td>8:00-8:50</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CRJ 201</td>
<td>01</td>
<td>Juv. Delinquency</td>
<td>TTH</td>
<td>11:30-12:45</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>CRJ 140</td>
<td>01</td>
<td>Crim. Investigation</td>
<td>F</td>
<td>9:00-9:50</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>CRJ 120</td>
<td>01</td>
<td>Intro to Corrections</td>
<td>TTH</td>
<td>10:00-11:15</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>PSY 111</td>
<td>06</td>
<td>Intro to Psych</td>
<td>MWF</td>
<td>11:00-11:50</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>SDV 108</td>
<td>choice</td>
<td>College Experience</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

**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 2010 Schedule of Classes. 

Student’s Signature______________________________  

Date_____________________________  

Advisor’s Signature______________________________  

Date_____________________________  

(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?
- Architectural Construction Engineering Technology AAS

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: