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: 3rd semester Fire Science

<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>FIR 140</td>
<td>01</td>
<td>Firefighter One</td>
<td>TW</td>
<td>8/25 to 11/15</td>
<td>6PM-10PM</td>
<td>2</td>
</tr>
<tr>
<td>FIR 141</td>
<td>01</td>
<td>Firefighter Two</td>
<td>TW</td>
<td>11/16-12/22</td>
<td>6PM-10PM</td>
<td>2</td>
</tr>
<tr>
<td>EMS 210</td>
<td>20</td>
<td>EMT-B</td>
<td>MTH</td>
<td></td>
<td>6PM-10PM</td>
<td>6</td>
</tr>
<tr>
<td>SOC/PSY</td>
<td></td>
<td>Gen Ed Elective of choice (pg 22)</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>MAT 772</td>
<td>Choice</td>
<td>Applied Math</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
</tr>
</tbody>
</table>

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 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: