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: Fall Paramedic Specialist Diploma

<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>EMS 540</td>
<td>01</td>
<td>Paramedic 1</td>
<td>TTH S</td>
<td>2PM-10PM &amp; S 9-5</td>
<td>13</td>
<td></td>
</tr>
<tr>
<td>EMS 541</td>
<td></td>
<td>Clinical 1</td>
<td>TBA</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>EMS 810</td>
<td></td>
<td>ACLS</td>
<td>F</td>
<td>11/12-11/13</td>
<td>2-10PM &amp; S 8-4</td>
<td>1</td>
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<tr>
<td>EMS 820</td>
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<td>PHTLS</td>
<td>F</td>
<td>12/10-12/11</td>
<td>2-10PM &amp; S 8-4</td>
<td>1</td>
</tr>
<tr>
<td>SDV 108</td>
<td>choice</td>
<td>College Ex. (unless 12 hrs completed)</td>
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<td></td>
<td></td>
<td>1</td>
</tr>
</tbody>
</table>

Total Credits 19

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 ____________________________
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?

(If Program change, LIST NEW PROGRAM:____________________, and NEW ADVISOR:________________.)
Self Improvement/Basics  BAS

Are your educational goals to meet license/ certification requirements?

Meet License/Cert  LIC

Other

Not Available

If NA, Explain: