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: **Cyber Crime Investigations Semester 3**

<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>PHI 105</td>
<td>540</td>
<td>Intro to Ethics</td>
<td>online</td>
<td></td>
<td></td>
<td>3</td>
</tr>
<tr>
<td>NET 633</td>
<td>01</td>
<td>Forensic Fundamentals</td>
<td>M-Th</td>
<td>11:00-11:50AM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NET 730</td>
<td>01</td>
<td>Forensics &amp; Investigations</td>
<td>M-Th</td>
<td>10:00-10:50AM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>NET 634</td>
<td>01</td>
<td>Forensic Testimony</td>
<td>M&amp;W</td>
<td>8:00-9:15AM</td>
<td>3</td>
<td></td>
</tr>
<tr>
<td>ACC 131</td>
<td>04</td>
<td>Accounting 1</td>
<td>M-Th</td>
<td>1:00-1:50PM</td>
<td>4</td>
<td></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: