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: Semester 3 Network Administration & Security

<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>NET 502</td>
<td>01</td>
<td>Advanced Linux</td>
<td>M-F</td>
<td>8/23-10/15</td>
<td>10:00-10:50AM</td>
<td>3</td>
</tr>
<tr>
<td>NET 540</td>
<td>01</td>
<td>Microsoft Server Active Dir.</td>
<td>M-F</td>
<td>8/23-10/15</td>
<td>8AM-9:50AM</td>
<td>3</td>
</tr>
<tr>
<td>NET 547</td>
<td>01</td>
<td>Microsoft Server MCITP</td>
<td>M-F</td>
<td>10/21-12/21</td>
<td>8AM-9:50AM</td>
<td>3</td>
</tr>
<tr>
<td>NET 220</td>
<td>01</td>
<td>CCNA Assessing the WAN</td>
<td>M-F</td>
<td>10/21-12/21</td>
<td>1:00-2:50PM</td>
<td>3</td>
</tr>
<tr>
<td>COM 753</td>
<td>01</td>
<td>Workplace Comm</td>
<td>MWF</td>
<td>11:00-11:50</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total Credits 15

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: