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 ________________________________________________________________

Address While Attending WITCC ______________________________________________________

LIST ACADEMIC PROGRAM: Fall New Cyber Crime Investigations AAS

<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>SDV 108</td>
<td>Choice</td>
<td>College Experience</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>NET 123</td>
<td>01</td>
<td>Computer Hardware Basics</td>
<td>MWF</td>
<td></td>
<td>8:00-9:50AM</td>
<td>4</td>
</tr>
<tr>
<td>NET 132</td>
<td>01</td>
<td>Op Systems Software Basics</td>
<td>M-F</td>
<td>8/23-10/15</td>
<td>10:00-10:50AM</td>
<td>3</td>
</tr>
<tr>
<td>NET 217</td>
<td>02</td>
<td>CCNA Network Fund.</td>
<td>M-F</td>
<td>8/23-10/15</td>
<td>1:00-2:50PM</td>
<td>3</td>
</tr>
<tr>
<td>NET 612</td>
<td>01</td>
<td>Fund of Network Security</td>
<td>M-F</td>
<td>10/21-12/21</td>
<td>1:00-2:50PM</td>
<td>3</td>
</tr>
<tr>
<td>NET 636</td>
<td>01</td>
<td>Digital Crime &amp; Computer Law</td>
<td>TTH</td>
<td></td>
<td>8:00-9:15 AM</td>
<td>3</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: ______________.)

Office Use Only

1. Address Change: ________

2. Program Change: ________

Registration Initials and 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?

☐ Self Improvement/Basics BAS

Are your educational goals to meet license/ certification requirements?

☐ Meet License/Cert LIC

Other

☐ Not Available

   If NA, Explain: