DMACC
DES MOINES AREA COMMUNITY COLLEGE
Life's Calling

Class Schedule Form
Print using **black** ink and complete all requested information

Section 1 – Personal Information: Fall ☐   Spring ☐   Summer ☐   DMACC ID# ☐☐☐☐☐☐☐☐☐☐

Name_____
Last   First   Middle

Address _____
Street   City   State   Zip

Home Phone: (_____)   **Cell:** (_____)_____   **Work:** (_____)_____   **Birth** (MM/DD/YYYY): _____

Email _____   * Tuition bills will be sent to your DMACC email address and a personal email address (if you have provided it to DMACC).

Section 2 – Academic Program: NOTE: If you changed your program of interest since your last registration – contact the Admissions Office to complete a **Program Change Form**.

Program of Interest:

Section 3 – Educational Goals: Check one that best describes your current objective at DMACC

CC: ☐ Prepare to change careers   IS: ☐ Improve skills for present job   SI: ☐ Self Improvement
CL: ☐ Meet Certification or licensure requirements   JM: ☐ Prepare to enter job market   TA: ☐ Transfer to another college or university
EX: ☐ Explore course to decide on career   PI: ☐ Personal Interest   UN: ☐ Undecided

Section 4 – Class Information

CRN	SUB	CRS	SEC	COURSE TITLE	CR	DAYS	TIME	BUILDING/RM
				Total Credits Enrolled ▸				

Section 5 – *Authorization for Registration: *Student must initial each statement below

_____ I understand that I am responsible for tuition and fees that result from this registration and I will retain my copy of this form for my records.
_____ It is my responsibility to understand registration add and drop deadlines available on the DMACC website Registration pages.
_____ Being on a course Wait List does not guarantee successful enrollment in the course. Details are listed on the DMACC website Waitlist page.

Wait Listed Courses:

Student Signature _____   **Date** _____   **Schedule Checked By** _____