



## BUSINESS DIVISION INFORMATION REQUEST FORM

Name \_\_\_\_\_  
(Last) (First) (Initial)

Home Address \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home E-mail Address \_\_\_\_\_

Area of Interest      Accounting/Computing      Information Systems Technology  
                                 Marketing/Management      Professional Administrative Services

Program of Study \_\_\_\_\_

Please check the appropriate term(s).      Fall      Spring      Summer

If you have any specific questions or concerns regarding summer or fall business courses and/or programs, please list:

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Mail to: Gary Christiansen, Chairperson  
Business Division  
North Iowa Area Community College  
500 College Drive  
Mason City, IA 50401