Student Information Sheet

Please print:

Name: _____________________________________

Class: ______________________________________

E-mail: _____________________________________

List the math courses (if any) that you have taken since high school:

_______________________  _______________________

_______________________  _______________________

_______________________  _______________________

Tell me something about yourself:


I understand the institution’s (NSCC) policies and the classroom policies of the instructor, including:

Cell phones and pagers must be turned off
No text messaging in class
No sleeping in class
No children allowed in the classroom

Signature: ____________________________________________