

STUDENT INFORMATION

Course/Section Number: _____

Today's Date: _____

Name: _____
Last First Middle Initial

Name to be called: _____

E-mail: _____

Phone: _____(home)

Cell Phone: _____

_____ (work)

Address: _____
Street City State Zip code

My internet access at home is: DSL/cable dial-up none. Circle the appropriate answer.

I have a up-to-date computer at home (2003 or later). YES NO Circle the appropriate answer.

I plan to complete a degree in _____(major) at NSCC.

OR

I plan to transfer my courses to _____ and complete a degree in _____.
Major

My **last math course** was _____ and I completed it in _____.
Name of Course (calendar year like Fall 2004)

My _____ scores placed me in _____.
(ACT or Compass) (DPSM0700, DSPM0800, DSPM0850, college level)

OPTIONAL INFORMATION:

Did you take developmental math classes at NSCC? Yes ___ No ___ If yes, please indicate which ones.

Basic Math _____ Elem. Alg. _____ Interm. Alg. _____

Did you take basic math classes (not college level) at another college after completing high school?

Yes ___ No ___

Which college level math classes, if any, have you taken? _____

Did you take the Michigan Test for English as a Second Language? _____

Are you working more than 20 hours per week? Yes No

How many credit hours are you taking this semester? _____

Briefly describe your concerns about or your approach to math courses.

What are your expectations concerning this class:

Do you need any special assistance due to a handicap which may require some special accommodation?
_____ If yes, please talk to me about it. I would love to do what is in my power to help.

Any other comments or anything else you would like to share. Use back if necessary.