WORKSHOPS FOR EXCELLENCE REGISTRATION FORM
Spring 2006
Workshops will begin on Tuesday, January 17, 2006

Name:_____
First MI Last

Local Address:_____ City:_____

State:_____ Postal Code:_____

Phone Number:_____ E-Mail address:_____

Major:_____ Classification: (Circle One) FR SO JR SR

Biology Course enrolled for Fall:_____ Time_____ Instructor_____

Biology Workshop requested: (Circle One) I

Chemistry Course enrolled for Fall:_____ Time_____ Instructor:_____

Chemistry Workshop requested: (Circle One) I II

Mathematics Course enrolled for Fall:_____ Time_____ Instructor:_____

Mathematics Workshop requested: (Circle One) I II

Physics Course enrolled for Fall:_____ Time_____ Instructor_____

Physics Workshop requested: (Circle One) I

I agree that you may check how well I am doing in the chemistry, mathematics, and physics courses that I am taking this quarter.

Student Signature:_____ Date:_____

Anyone attending workshops must complete a registration form and return it to 235 SCC.

Minority Drop-In Center for Sciences, Engineering, and Mathematics
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