WORKSHOPS FOR EXCELLENCE REGISTRATION FORM
Summer 2005
Workshops will begin on May 31, 2005

Name:_____
First MI Last

Local Address:_____ City:_____

State:_____ Postal Code:_____

Phone Number:_____ E-Mail address:_____

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

Chemistry Course enrolled for Spring:_____ Time_____ Instructor:_____

Chemistry Workshop requested: (Circle One) I II

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

Students Signature:_____ Date:_____

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