Math M1 & M2 Supplemental Instruction Workshop Request Form

Date: ________________

Last Name: ____________________________ First Name: ____________________________

Phone #: ____________________________ EMPL ID: ____________________________

Date of Birth: ____________________________

Email: ___________________________________________________________________

Check Course Needed M1 □
M2 □

How Many Times Have You Taken This Course Before? _____________

Semester Interested In Enrolling? _____________ 20 _____

Current Major__________________________________________________________

Intended Major_________________________________________________________

Office/Person Referred By _______________________________________________

Please send the completed form to Room L-605.
Tutorial & Academic Support Center

Phone: 718.368.5118