

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