

STUDENT UPDATE

Please print or type.

CONTACT INFORMATION

Name: _____
Last First Middle

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Have you taken any Computing classes in the past year? If so, list the name of the class and your grade.

2. What level of Mathematics are you currently in?

___ Algebra 1 ___ Algebra 2 ___ Trigonometry/Geometry
___ Calculus 1 ___ Calculus 2 ___ Other _____

3. Do you attend a different school from last year? If so, please provide the name of the school and address.

4. Test Scores – Please attach an official copy of your SAT, PSAT and ACT test scores.

5. Academic Transcript – Please attach an official copy of your most recent high school transcript. You may have your counselor mail this to us.

6. Has any other information changed (eg. emergency contact, parent/guardian work place) over the past year?

7. Are you willing to commit to participating in the yearlong program? This will include 2 Saturdays per month and is dependent on funding and University approval.

YES NO

What, if any commitments will prohibit or limit your participation in TLI during the summer and/or academic year?

8. Do you have a job? If so, what hours do you work?

Signature _____ **Date** _____