STUDENT INFORMATION SHEET

Complete BOTH SIDES and turn in to your instructor.

PERSONAL

Name: __________________________________________________

Address: ________________________________________________

Phone: _______________________________ (Home)

_______________________________ (Work)

Is it OK to call you at work if needed? _________________

ACC ID Number: _____________ email:________________________

COURSE

Current semester: ______________________

Course Number: ______________________

Section Number: ______________________

Meeting days: ________________________

Meeting times: ________________________

(The above course info can be obtained from your fee receipt or the course schedule.)

MATH BACKGROUND

List all your previous math courses, both college and high school. (Preferably list the last ones first and then go back as far as you remember.)

<table>
<thead>
<tr>
<th>Course Name</th>
<th>College or HS</th>
<th>Semester/Year</th>
<th>Instructor</th>
<th>Grade</th>
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THEA Math Status (check one)

_______  I took the test (either THEA, TCOMPASS, or other) and passed the math part.

Circle one: TASP 230+ | TCOMPASS 39+ | other

_______  I took the test and didn't pass the math part.

_______  I haven't taken the test, but I'm supposed to take it.

_______  I am exempt.

_______  I don't know, but I'll check with an advisor or counselor.

OVERALL PLANS

Major ___________________ Employment Goal _________________________________

Other Math courses you expect to take _______________________________________

How many semesters before this were you enrolled at ACC?

_____ None _____ One _____ Two _____ Three _____ Four or more

I hereby claim that the information given on the previous page is true to the best of my knowledge.

Moreover, I assert that I have the required prerequisites to be in this course (a C or better in the prerequisite course, or a high enough score on the ACC Assessment exam or on the pretest for this course).
I understand that I may be dropped from this course at any time if it is discovered that I don’t have the required prerequisites.

Note: A low score on the pretest for this class may override your score on the assessment and you may be asked to move down to a lower level.

Signature: _________________________________              Date: ________________________

CURRENT SEMESTER
List all other courses you are taking at ACC this semester (including times and days).

<table>
<thead>
<tr>
<th>Course</th>
<th>Section Number</th>
<th>Instructor</th>
<th>Days</th>
<th>Times</th>
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TIME MANAGEMENT WORKSHEET
List the courses you are currently enrolled in this semester, including this math course.

<table>
<thead>
<tr>
<th>Course Name</th>
<th>Class hours per week</th>
<th>Study hours budgeted per week*</th>
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Total: \[ \text{Total:} \]

*For your math course, multiply the class hours by 3 to get the study hours that you need to budget per week.

WEEKLY SUMMARY
Class hours ________________
Study hours ________________
Work hours ________________
Sleep hours ________________
Total ____________________

Hours left = 168 - Total = ____

Divide the Hours Left by 7 and write the result here. ________________
This represents the time you have each day to eat, do housework, and travel to and from class and work! Is there enough time to do all this and still have fun? Talk to your instructor if you need advice on time management.

PERSONAL ATTITUDES TOWARDS MATH
Please answer the following questions on a separate sheet of paper. Put your name on it and number each question clearly. If you need more time, turn this in at the beginning of the next class.
1. Please indicate your attitude (positive or negative) concerning mathematics.
2. Do you feel that you have “Math Anxiety” or “Test Anxiety”?
3. Do you have any disabilities that might affect your performance in this class and for which you need special consideration? Yes No If so, explain. (Also, have you contacted Student Services about getting any needed help? Yes No )