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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<th>Total:</th>
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WEEKLY SUMMARY

Class hours ______________

Study hours ______________

Work hours ______________

Sleep hours ______________

Total ____________________

Hours left = 168 - Total = ____

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

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”? 