

*Department of Mathematics and Computer Science*  
**QUEENSBOROUGH COMMUNITY COLLEGE**  
**THE CITY UNIVERSITY OF NEW YORK**

**TIMEQCC: Mathematics Education Teacher Preparation Program**

**Application for High School Students**

**PLEASE PRINT**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

E-mail \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

High School \_\_\_\_\_ H.S. Phone (\_\_\_\_) \_\_\_\_\_

H.S. Address \_\_\_\_\_

H.S. Average \_\_\_\_\_ Name of H.S. Math Dept. Chairperson \_\_\_\_\_

List all high school math courses that you have taken or are currently taking. Include the final grade you received in each course and your Regents Exam grades in Integrated Algebra, Geometry, and Algebra 2/ Trigonometry.

<u>Math Courses</u>	<u>Grade</u>	<u>Date Completed</u>

Regents Exam Grades: Integrated Algebra \_\_\_\_\_ Geometry \_\_\_\_\_ Algebra 2/Trigonometry \_\_\_\_\_

Students must apply and be accepted to Queensborough Community College prior to being accepted to the TIMEQCC program.

Have you applied for admission to Queensborough Community College? \_\_\_\_\_

Have you been accepted to Queensborough Community College? \_\_\_\_\_

Certification: The statements made in this application are true to the best of my knowledge and belief.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail application to:

Department of Mathematics, S-245  
 Queensborough Community College  
 222-05 56<sup>th</sup> Avenue  
 Bayside, NY 11364

Phone: (718) 631-6361

For additional information go to: [www.TIMEQCC.cuny.edu](http://www.TIMEQCC.cuny.edu)

or contact:  
 Dr. M. Fabricant, [MFabricant@qcc.cuny.edu](mailto:MFabricant@qcc.cuny.edu)  
 Prof. S. Peskin, [SPeskin@qcc.cuny.edu](mailto:SPeskin@qcc.cuny.edu)

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