

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 Course A and Course B.

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

Regents Exam Grades: Course A _____ Course B _____

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 56th Avenue
 Bayside, NY 11364

Phone: (718) 631-6361

For additional information go to: www.TIMEQCC.cuny.edu

or contact:

Dr. M. Fabricant, MFabricant@qcc.cuny.edu

Prof. S. Peskin, SPeskin@qcc.cuny.edu

Dr. M. Franco, MFranco@qcc.cuny.edu

Fax: (718) 631-6290