Class Registration

Name: **UIN:**

For the **class list** (Only include information that you want distributed to the class):

Phone: Cell phone:

E-mail:

Are you enrolled in the UIC MST program **YES** **NO**

Are you currently teaching? **YES** **NO**

If YES, what subject(s) do you teach? _____

What grade level(s) do you teach? _____

Where do you teach? _____
school location

If NO, what grade levels are you interested in teaching? _____

Math courses: Please list other MTHT courses that you have taken or are taking this semester

Course number or title	Semester enrolled	Instructor
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____