CENTER FOR MATHEMATICS EDUCATION
REGISTRATION REQUEST
GNCFD
AFA YR 3

FORM MUST BE COMPLETED IN FULL **CONTINUING STUDENT ( )** **NEW STUDENT ( )**

***Name**: _____
(Last) (First) (Middle)

***UMID or SS Number:** _____

Fall ( ) Winter (X) Summer ( ) Year: 2012

Please register me for the following course: MATH 508AP 2 Credit Hours

Course Tuition and Fees __$1011.40_____

Tuition and Fees Owed by Student: $ 811.40_____
(Center for Mathematics Education will remit the remainder)

I understand that I am responsible for adhering to University of Michigan – Dearborn policies and procedures, including those for dropping, withdrawing, and tuition and fee payment.

***Signature:** _____ **Date:** _____

Scheduled Begin Date: ___December 19, 2011____End Date: _____May 24, 2012_____

Co-Sponsor _Center for Mathematics Education_____ Instructor Name: Leo Paveglio