

CONTACT INFORMATION

Please return this form no later than **Friday, February 15, 2008** to Dr. Davidson in room 219 MSB or to his mailbox in the main office, room 233 MSB.

Name: _____

Major (circle one): Mathematics Applied Mathematics

Please provide an e-mail address you check regularly and a local address and phone number where you can be reached.

Official university e-mail: _____

Preferred e-mail address: _____

Local mailing address: _____

Local phone number: _____

Please list below the Mathematics courses in which you are enrolled Spring Semester 2008.
