

Student Information

Math Class: _____

Semester: _____

Last Name: _____

First Name: _____

Preferred Name to be called in class: _____

MTSAC Student ID Number: _____

Please attach a photo ID in the box below:

A large, empty rectangular box with a black border, intended for a student to attach a photo ID.

Syllabus Agreement Form

I certify that I have read, understood, and accept the terms and conditions of the course syllabus.

Name: _____

Signature: _____

Date: _____

Recording Consent Form

The live class meeting through Zoom will be recorded and may be uploaded to MTSAC Canvas for students to review the material later. I hereby give my consent to be video and audio recorded during each live class meeting.

Name: _____

Signature: _____

Date: _____