



Mathematics in the City

City College of New York
NAC 3/217

138 Street and Convent Avenue
New York, NY 10031

Tel: 212-650-6346 Fax: 212-650-6547 www.mitcccnny.org



Application

MitC 2009 Summer Institute Level One

Name _____

Address _____

E-Mail Address _____

Home Phone _____ Work Phone _____

Region _____ School _____ Grade Level _____

Principal _____ PO Number _____

Teachers interested in being a part of the Summer Institute should complete the application form and attach the following:

- A statement describing your beliefs about the teaching and learning of mathematics, and why you're interested in taking the Summer Institute.
- A resume, or a brief explanation of your education background.

If accepted to the Summer Institute, choose one of the following payment options:

*Please bill my NYC school/region.
(MitC requires authorization from an administrator.)*

Please send your completed application to the math coordinator in your district.

Administrator's Name _____

Title _____

Signature _____

Please send your completed application to the mathematics coordinator in your school/region.

I will be paying my own way, please bill me.

Please send your completed application to:

Mathematics in the City
City College of New York
School of Education
NAC 3/217
Convent Ave. & 138th St. NY, NY 10031

Deadline May 29th, 2009