

# Tiger Success Registration Form

Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

City, ST Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

## School Information

Student ID # \_\_\_\_\_

Major \_\_\_\_\_

Current Cumulative GPR \_\_\_\_\_

Gender     \_\_\_ Male                     \_\_\_ Female

**Why do you want to join Tiger Success? What do you hope to gain from the program?**

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**Please check the day & time you will commit to attend.**

\_\_\_ Tuesday 12 – 1 PM

\_\_\_ Wednesday 5 – 6 PM

\_\_\_ Thursday 3:30 – 4:30 PM

## Program Agreement

By submitting this registration form, I am affirming my commitment to improve my academic standing and agree to regularly attend and actively participate in the program.

**Printed Name** \_\_\_\_\_

**Date** \_\_\_\_\_