

	<p>The Lehman College Computer Science and Mathematics Scholarship Program</p> <p>Workshop Attendance</p>
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My current information is:

Name:	
Student ID (Social Security #):	
Undergraduate or Graduate:	
Street Address:	
City and Zipcode:	
Preferred email:	
Is this a change in address?	

List the workshops you have attended so far. Please include title and sponsoring organization (if not a CSM-run workshop):

Workshop:	Date:

By signing below, I attest that the statements above are accurate.

Signature:	
Date:	

