**iCubed Study Group Registration**

Please return this form to Dr. Felix:

by email: tfelix1@umbc.edu

or drop off in University Center Room 116
An electronic version of this form is available on http://my.umbc.edu/groups/getsmartiesumbc

|  |
| --- |
| Name of Study Group (if your group doesn’t want a generic name):  |
| First Name | Last Name | UMBC Email | Cell Phone |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We plan to meet each week as follows:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (days)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (times)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (location)

Top of Form

Bottom of Form