

Physics Learning Center Application

Spring 2025

Physics Course: 103 104 207 208 TA: _____ Date: _____

Name: _____

Student ID: _____

Wisc Email: _____

Pronouns: She/Her/Hers
(check all that apply) He/Him/His
 They/Them/Their
 ___ / ___ / ___

How did you hear about us? Friend Advisor Professor TA Web E-mail Other
(Check all that apply)

College and major information:

L&S Business Education Special CALS Engineering Other _____

Expected Graduation Year: '25 '26 '27 '28 '29 Other or N/A

Major(s) and Certificate(s): _____

Academic Advisor: _____

I am considering a health profession I am considering graduate school in science

Previous physics courses and grades earned:

High school city and state: _____

High school physics? Yes No Calendar year: _____ Grade earned: _____

College Physics? Yes No Semester & year (e.g. Fall 2023): _____ Grade earned: _____

College and course name: _____

Math courses and grades earned:

Current: _____

Most recent: _____ Grade earned: _____

Time commitments: (approximate hours each week)

Work: _____ Athletics: _____ Family: _____ Clubs/groups: _____ Volunteer work: _____

Other: _____

Total credits registered for this semester: _____ Total credits x3: _____

(This is the minimum number of hours you can expect to spend in class and on coursework per week.)

Please check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> FASTrack/Banner | <input type="checkbox"/> Transferred to UW: semester & year (e.g. Fall 2021): _____ |
| <input type="checkbox"/> Chancellor/PK | <input type="checkbox"/> Posse <input type="checkbox"/> PEOPLE |
| <input type="checkbox"/> English Language Learner (ESL) | <input type="checkbox"/> CeO (TRIO) <input type="checkbox"/> CAE |
| <input type="checkbox"/> Academic probation | <input type="checkbox"/> WiscAMP <input type="checkbox"/> First Wave |
| <input type="checkbox"/> 1st-Generation | <input type="checkbox"/> Badger/Bucky's Promise <input type="checkbox"/> Summer Collegiate Experience |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Military Service (please specify type: _____) |

- I am now, or have been, a student in the Chemistry Learning Center.
 I have been a student in the Physics Learning Center.
 I know someone in the class I can study with.
 I am now or have been, a student or facilitator in the Peer Learning Association (PLA).

**** Please complete the second page of this form ****

Please pick a number for each statement:	
0 = not at all 1 = a little bit 2 = moderately 3 = quite a bit 4 = extremely	
1.	I feel confident about taking physics.
2.	I feel confident about doing algebra.
3.	I feel confident about doing trigonometry.
4.	I feel confident about doing calculus (207/208 only)
5.	I feel confident about taking physics tests.
6.	I feel confident about taking tests in general.
7.	My previous experiences with physics have been enjoyable.
8.	I often study or do coursework with other students.
9.	Working in groups helps me learn more effectively.
10.	I give up on things easily.
11.	I am having personal problems that are interfering with my studies.
12.	I need to do well in physics because of my program or major.
** Answer 13-17 if you're applying after the 2nd week of classes**	
13.	I am satisfied with the way in which I am being taught.
14.	I can find time to study physics most days.
15.	I study physics using effective study skills.
16.	Physics seems to be taking up all my time.
17.	I am thinking about dropping my physics course.

Are there any accommodations you need to fully participate in the PLC due to any disabilities?

What are you hoping to gain by being in the PLC? Is there anything else you would like to share with PLC staff?

Interested in access to PLC Materials

Interested in a learning team group

Schedule Card Instructions

- Please fill in your specific courses as well as any recurring activities such as work and volunteering.
 - DO: Write in the course number ("chem343" or "Math 217")
 - DO NOT: write just the name ("ochem" or "calc"), cross out times, or write "class".
- Be sure to indicate any "power lectures" or other non-standard time blocks by drawing a horizontal timeline in the appropriate place or by writing in the time range.
- Please write down your name again in the space below.

Name: _____ (Please read above instructions)

	Monday	Tuesday	Wednesday	Thursday	Friday
7:45 – 8:35					
8:50 – 9:40					
9:55 – 10:45					
11:00 – 11:50					
12:05 – 12:55					
1:20 – 2:10					
2:25 – 3:15					
3:30 – 4:20					
4:35 – 5:25					
5:30 – 6:30					
6:30 – 7:30					
7:30 – 8:30					

Asynchronous or unscheduled classes or commitments (e.g., "research", "BIOC 501", "MCAT Studying"):
