Mathematics Paper Grader Application

Name: ___________________________        Phone: ___________________________

Address (local): ____________________        Email: ___________________________

790# (Student ID#): ____________________        Date: ___________________________

MATHEMATICS BACKGROUND: List the courses you have taken or are currently taking.

<table>
<thead>
<tr>
<th>Course</th>
<th>Instructor</th>
<th>Term</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>105</td>
<td>115</td>
<td>121/122</td>
<td>135/136</td>
</tr>
<tr>
<td>171/172</td>
<td>216</td>
<td>221</td>
<td>273</td>
</tr>
</tbody>
</table>

Please circle one or more of the following courses for which you feel qualified to be a paper grader.

How many hours a week would you like to work? ___________________________

Do you have work study? ___________________________

Please list the names of your faculty advisor and one additional faculty reference. (Written recommendations are not required)

Advisor: ___________________________        Faculty Reference: ___________________________

RETURN THIS APPLICATION TO THE MATH OFFICE (MA 102)