



Department of Mathematical Sciences

## 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.

Course	Instructor	Term	Grade

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

- |         |     |         |         |     |     |
|---------|-----|---------|---------|-----|-----|
| 105     | 115 | 121/122 | 135/136 | 151 | 162 |
| 171/172 | 216 | 221     | 273     | 307 | 311 |

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)