AMS 475/476

Requirement: High GPA and demonstrated mastery of the subject at the level of “A” or “A-“

Date: __________________________

Name: __________________________

Email: __________________________

SOLAR/SBU ID #: ___________________ Phone: __________________________

Major(s): _________________________ GPA: __________________________

Which course(s) do you want to grade (list in order of preference): __________________________

List which semester(s) you want to grade: __________________________ Year: __________________________

Have you previously graded AMS courses?  Yes / No  If yes, which one(s): __________________________

(Return form to AMS Main Office, Math Tower, Room P139B)