

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)