Mathematics Clinic
Student Application for PAPER GRADER

Date: ___________________  Semester you would like to work: ___________________

Name: ____________________  Last  First  MI.

SSN: ______________________  Student ID#: ______________________

email: __________________________  (Please list all your accounts where you can be reached)

Telephone Numbers: ____________________  Cell: ____________________

☐ Freshman  ☐ Sophomore  ☐ Junior  ☐ Senior  Major: ______________________

Do you qualify for work study?  ☐ Yes  ☐ No

Have you worked on campus before?  _______ (if yes, where and for whom?): ______________________

Are you currently working on campus?  _______ (if yes, where and how many hrs/wk?): ______________________

Have you worked for the Mathematics Department before?  ☐ Yes  ☐ No
When (dates): ______________________

List all mathematics courses taken and the final grade, beginning with the most recent (continue on the back, if necessary):

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List three references and contact information for them:

1. ______________________________  2. ______________________________

3. ______________________________

Signature: ______________________________

Complete and sign, return to Mathematics Office, Room 142. We will notify you by email if you have been placed.