

Application Packet, Page 1
Application Deadline March 1, 2009

2009 SUMMER UNDERGRADUATE APPLIED
MATHEMATICS INSTITUTE
Department of Mathematical Sciences
Carnegie Mellon University
Pittsburgh, PA 15213-3890
Telephone 412-268-2545
Fax: 412-268-6380
Email: summerinst@math.cmu.edu

Please print or type the requested information:

FAMILY NAME FIRST NAME MIDDLE INITIAL

SOCIAL SECURITY NUMBER BIRTHDATE CITIZENSHIP

If you are not a U. S. citizen, are you a permanent resident of the U.S.? (required)_____

YOUR CURRENT ADDRESS:

YOUR PERMANENT ADDRESS:

NUMBER AND STREET

NUMBER AND STREET

CITY-STATE-ZIP CODE

CITY-STATE-ZIP CODE

CURRENT TELEPHONE NUMBER

PERMANENT TELEPHONE NUMBER

DATES WE SHOULD USE THIS ADDRESS

EMAIL ADDRESS

Ethnicity: Please check all that apply. (Among applicants who are equally qualified this information will be used to help us admit an ethnically diverse group of participants. We especially encourage applications from women and ethnic groups historically under-represented in mathematics graduate programs.)

_____African-American

_____European-American

_____Chicano

_____American Indian

_____Filipino

_____Native Alaskan

_____Asian-American

_____Latino

_____Puerto Rican

_____Other (Please Specify)

Sex:

_____Male

_____Female

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List all **colleges and universities** which you have attended, regardless of whether credit or a degree was obtained.

Name of Institution	Dates attended	Degree received	Major

Expected **Date of Graduation**: _____

List all **advanced mathematics courses** which you have taken or are taking.

Course Name	Textbook (Author)	Grade

(Optional) Attach a **statement of interests and goals**.

Arrange to have at least two letters of recommendation sent or emailed. Please use the included form.

Number of reommencations which we should expect

In the space below, please let us know how you heard of our program: