

Application Packet, Page 1
Application Deadline March 1, 2001

2001 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: fh0d@andrew.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 TELPHONE 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
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Expected **Date of Graduation**: _____

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

Course Name	Textbook (Author)	Grade
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(Optional) Attach a **statement of interests and goals**.

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

Number of letters which we should expect