NAME: ________________________________

ACADEMIC FIELD OF INTEREST AND CAREER GOALS: ________________________________

Would it be all right if I called you at home or emailed you concerning the course?  YES □  NO □

Would it be all right if I include your name and phone number on a list to be passed out to the class?  YES □  NO □

Phone Number: __________________________ Email address: ____________________________

Do you have any special concerns or circumstances that you would like to make me aware of? ________________________________

Preferred office hours: ________________________________

Background: Have you completed the following courses?

- Linear Algebra: YES □  NO □
- Differential Equations: YES □  NO □
- Modern Algebra: YES □  NO □

Computer experience (languages, systems)? ________________________________

Assess your essay-writing ability: ________________________________

Any preferences on whom you would wish to work with on group projects? ________________________________

Any preferences on whom you would wish to avoid working with? ________________________________