

# The George Washington University

## SUMMER PROGRAM FOR WOMEN IN MATHEMATICS

June 28, 2008 to August 2, 2008

### APPLICATION INSTRUCTIONS

A completed application consists of the following items:

- **Application Form.** You should be a math major, completing your junior year, or equivalent.
- **List of Mathematics Courses Taken or In Progress.** It is helpful to have taken advanced courses in abstract/modern algebra and/or real analysis or advanced calculus.
- **Statement of Interest.** Describe your interest in the mathematical sciences and indicate why you would like to participate in our program. Indicate how this program might assist you in your graduate education plans. *Please limit your statement to one page.*
- **Faculty Recommendations.** Two letters of recommendation, *preferably from instructors in the mathematical sciences*, are required. You should fill out the top part of each Faculty Reference Form and have your faculty respondents send their recommendation letters directly to the program to be received by February 29, 2008.
- **Transcripts.** Include copies of your transcripts showing courses and grades. Include transcripts from all colleges and universities attended by you. Unofficial copies of transcripts *will* be accepted.

**You must be a US citizen or permanent resident of US in order to participate in our summer program.**

**Send your completed application to:**

Summer Program for Women in Mathematics  
Department of Mathematics  
The George Washington University  
2115 G Street, NW (Monroe 240)  
Washington, D.C. 20052

**We are accepting applications only by mail. Completed applications should be received by February 29, 2008. *Early applications are encouraged.***

For further information, please contact the co-directors:

Murli M. Gupta (202-994-4857)  
E. Arthur Robinson, Jr. (202-994-6237)  
Katharine Gurski (202-994-6741)

Department Fax (202-994-6760)

Program Email: spwm@gwu.edu  
Program web site: <http://www.gwu.edu/~spwm>

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### APPLICATION FORM

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

College or University \_\_\_\_\_

Expected date of graduation \_\_\_\_\_

Citizenship \_\_\_\_\_ Resident Status (if not U.S. citizen) \_\_\_\_\_

Ethnic background (optional) \_\_\_\_\_

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Current Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Permanent Phone number \_\_\_\_\_

Names and titles of two professors who are supplying letters of references:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### MATHEMATICS COURSES TAKEN or IN PROGRESS

Please indicate the mathematics courses taken by you, the grade received (indicate **IP** if currently taking) and the textbook used (**give names of author(s) and title of text**).

#### Single Variable Calculus

(Number of semesters or quarters)

#### Multivariable or Vector Calculus

#### Linear Algebra

#### Advanced Calculus or Real Analysis

#### Abstract or Modern Algebra

#### Differential Equations

#### Other Courses in Advanced Mathematics

(Or related fields)

Name: \_\_\_\_\_

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### FACULTY REFERENCE FORM

Name of Student \_\_\_\_\_ SSN \_\_\_\_\_

I waive my right of access to this recommendation letter: \_\_\_\_\_ yes \_\_\_\_\_ no

Student's signature \_\_\_\_\_

This student is applying to enter a summer program to prepare and encourage talented women undergraduates to pursue advanced degrees and careers in the mathematical sciences.

Please indicate in what capacity you have worked with the student, and compare her to other students who may have gone on to graduate school in the mathematical sciences. **Give us your candid opinion of her potential for success in graduate school and indicate how our program might benefit her.**

Please use your own stationery or the reverse side of this form.

#### THE FOLLOWING TO BE COMPLETED BY FACULTY RESPONDENT:

Name of Respondent (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Respondent's signature \_\_\_\_\_ Date \_\_\_\_\_

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Department of Mathematics  
The George Washington University  
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Washington, D.C. 20052

**Program web site:** <http://www.gwu.edu/~spwm>

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#### THE FOLLOWING TO BE COMPLETED BY FACULTY RESPONDENT:

Name of Respondent (Please Print) \_\_\_\_\_

Title \_\_\_\_\_ Institution \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail address \_\_\_\_\_

Respondent's signature \_\_\_\_\_ Date \_\_\_\_\_

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