

The George Washington University

SUMMER PROGRAM FOR WOMEN IN MATHEMATICS

June 26, 2010 to July 31, 2010

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 March 1, 2010.
- **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 March 1, 2010. *Early applications are encouraged.*

For further information, please contact the director:

Professor Murli M. Gupta (202-994-4857)

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 (required) _____

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/Mobile 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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STATEMENT OF INTEREST

Please 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.** Limit your statement to one page.

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 _____

Please return your assessment so as to reach us by March 1, 2010 to:

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Department of Mathematics
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Name of Respondent (Please Print) _____

Title _____ Institution _____

Address _____

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