

SEE-Math2011

STUDENT APPLICATION FORM

Note: This form should be completed and returned to your teacher or counselor by **March 2, 2011**.

Please answer each item below (please print)

Name (Last): _____ (First/Middle Initial): _____

Address (Street): _____

(City): _____ (Zip): _____

Phone: (_____) _____ Email: (if available) _____

Name of School _____ and District: _____

Name of Teacher or Counselor: _____

Grade to be started Fall 2011: 6 7 8 Gender M F

Have you done SEE-Math before? Yes No If yes, what year? _____

Signature of Applicant: _____ Date: _____

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Parental Consent: As the (parent/guardian), I certify that my (son/daughter) has my permission to participate in this program. It is my understanding that he/she will be subject to the regulations of Texas A&M University and the *SEE-Math* program. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, such medical treatment as deemed by competent medical personnel is authorized. In addition, I understand that I will be required to sign a release form for my son/daughter to participate in the program.

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Email: (if available) \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**\*\*\*Enrollment fee, \$85, will be collected after acceptance (unless waved).\*\*\***

*(Please have teacher/counselor complete the back of this page)*

Applicant's Name: \_\_\_\_\_ Grade to be started Fall 2011: 6 7 8

## *SEE-Math2011*

### TEACHER/COUNSELOR NOMINATION FORM

**Note:** The complete application should be received by **March 9, 2011**.

Name of School: \_\_\_\_\_ District or City: \_\_\_\_\_

Circle one:            **Math Teacher**                      **Science Teacher**                      **Counselor**

**Respond to each of the following questions by circling:**

**(A) Always, (F) Frequently, (S) Sometimes, (O) Occasionally, (N) Never, (U) Unable to Respond**

1. Eager to learn . . . . . A F S O N U
2. Performs well in math and science . . . . . A F S O N U
3. Works well with others and contributes in group situations . . . . . A F S O N U
4. Acts responsibly (compared to others in his/her age group) . . . . . A F S O N U

**Comments:** Please include any information that you think might be helpful, such as any special qualities or problems that will affect the SEE-Math program. What evidence is there that this student performs at the gifted or honors level? If you have given recommendations for several students, a separate letter ranking them would be appreciated.

Name (teacher or counselor): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Evening Phone: \_\_\_\_\_

Thanks for your help. Upon completion, please return to:

Donna Hoffman  
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Texas A&M University  
3368 TAMU  
College Station, TX 77843-3368  
FAX 979-862-4190