

GRADERS QUESTIONNAIRE

Application to grade for Department of Mathematics

type or print clearly

Today's Date:	Semester-year for which you'd like to grade: FALL / SPRING
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Name:	College & Year of Graduation:
Tufts E-mail address:	Tufts Student ID #:
Telephone:	Major:

Please include an **unofficial Tufts Transcript** (downloadable from SIS), when emailing this application to: *sarah.rich@tufts.edu*

Math Courses Taken	Grade Received	Instructor	Semester, Year
<i>EX. Math 34</i>	<i>A+</i>	<i>Lemke-Oliver</i>	<i>Fall 2016</i>

Students may *not* act as Graders for courses in which they are currently enrolled, have not previously passed, or do not have documented mastery of that level.

Courses You Prefer to Grade (*list in order of preference*)

<i>EX. Math 32</i>						
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Courses You Have Previously Graded for this Department

Course-Sec:	<i>Math 32--01</i>					
Sem-Year	<i>Fall 2016</i>					
Instructor	<i>Hasselblatt</i>					

Other relevant experience or faculty recommendation: _____
