

# Course Evaluation of AMSC Students

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

Dear Colleague,

Mr./Ms. \_\_\_\_\_, who is taking your  
course \_\_\_\_\_ \_\_\_\_\_ Spring/Fall 200\_, is a student in the Applied Mathematics  
(acronym) (number)  
& Scientific Computation Program. He/she wishes to have this course be  
considered as part of his/her Ph.D. or M.S. requirements in place of a written  
qualifier examination. The Core Course Area is \_\_\_\_\_ in the  
\_\_\_\_\_ department.

Please supply us with the following information about this student:

Grade: \_\_\_\_\_

Number of Students in class and rank in this class: \_\_\_\_\_

Any additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Professor \_\_\_\_\_ / \_\_\_\_\_

Signature

Please return this form to the **Director of Applied Mathematics and Scientific  
Computation Program, Room 3103, Mathematics Building, Campus.**

Thank you for your help.

Konstantina Trivisa  
AMSC Program Director