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_____

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

Thank you for your help.

_____
AMSC Program Director

Rev8.04