

# SPRING 2024 MathOnline Student Agreement

*for students at the high school level*

Name: \_\_\_\_\_ Email Address (required): \_\_\_\_\_  
Last First MI

High School: \_\_\_\_\_  
Name of High School Name of School District

High School Address: \_\_\_\_\_  
Street Address City State ZIP

High School Phone: (\_\_\_\_) \_\_\_\_\_ High School Fax: (\_\_\_\_) \_\_\_\_\_  
Area Code Area Code

## Calculus experience (include all that apply)

I completed the first semester of Calculus with a grade of \_\_\_\_ during the Fall / Spring \_\_\_\_ semester  
year

I completed the second semester of Calculus with a grade of \_\_\_\_ during the Fall / Spring \_\_\_\_ semester  
year

I am currently enrolled in the following calculus course: \_\_\_\_\_

The calculus sequence I completed was:

\_\_\_\_ AP Calculus AB

\_\_\_\_ AP Calculus BC

\_\_\_\_ A calculus course from a college or university

\_\_\_\_ Other (please describe here) \_\_\_\_\_

\_\_\_\_ I have not yet completed a calculus course, nor am I currently enrolled in a calculus course.

## Please indicate which MathOnline course(s) you plan to take in Spring 2024:

\_\_\_\_ Calculus II (MATH 1360)

\_\_\_\_ Calculus III (MATH 2350)

\_\_\_\_ Theory of Numbers (MATH 3110)

\_\_\_\_ Intro to Linear Algebra (MATH 3130)

\_\_\_\_ Intro to Differential Equations (MATH 3400)

\_\_\_\_ Intro to Analysis (MATH 3410)

By signing below, the student, her/his parent or guardian, and her/his Coordinating Math Teacher indicate that they have read the documents 'Information about MathOnline Courses and the MathOnline Registration Process', and 'Words of Caution Regarding MathOnline Courses', available at [https://mathonline.uccs.edu/words\\_of\\_caution](https://mathonline.uccs.edu/words_of_caution). All parties signing below also acknowledge and affirm that coursework completed through the MathOnline Program will become a part of the student's permanent academic record in the University of Colorado four-campus system.

## ALL SIGNATURES REQUIRED

\_\_\_\_\_  
Name of student (print or type) Signature of student Date

\_\_\_\_\_  
Name of parent or guardian Signature of parent or guardian Date

\_\_\_\_\_  
Name of Coordinating Math Teacher Signature of Coordinating Math Teacher Date

## Coordinating Math Teacher Contact Information:

Phone: (\_\_\_\_) \_\_\_\_\_ Fax : (\_\_\_\_) \_\_\_\_\_ Email address: \_\_\_\_\_

The Coordinating Mathematics Teacher is a teacher at the student's high school who acts as a proctor for the student's exams. Each student is responsible for finding a teacher who will act as his/her CMT. The CMT is paid by UCCS for services provided. For more information about the role and responsibilities of the Coordinating Math Teacher, visit [https://mathonline.uccs.edu/coordinating\\_math\\_teacher](https://mathonline.uccs.edu/coordinating_math_teacher).