

SPRING 2024 MathOnline Student Agreement

for students taking the NON-CREDIT/AUDITING option

Name: _____ Email Address (required): _____
Last First MI

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.

Background and educational goals:

I have an undergraduate degree(s) from the following college / university: _____

Date degree awarded: _____ Major area of study: _____

Towards what educational goal are you striving by enrolling in a mathematics course?

___ I need this course for a teacher certification program

___ I am currently a mathematics teacher, and need continuing education credits

___ I am currently pursuing or planning to enroll in a science / engineering oriented major course of study

___ Other (Please describe briefly)

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

___ Calculus II (NMAT 1360)

___ Calculus III (NMAT 2350)

___ Theory of Numbers (NMAT 3110)

___ Intro to Linear Algebra (NMAT 3130)

___ Intro to Differential Equations (NMAT 3400)

___ Intro to Analysis (NMAT 3410)

By signing below, you indicate that you 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.

ALL SIGNATURES REQUIRED

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

Name of Proctor/Testing Ctr Signature/Seal of Proctor/Testing Ctr Date

Org. Affiliation and Title of Exam Proctor, or Name of Organization where Testing Center is located: _____

Phone: (____) _____ Fax: (____) _____ Email Address: _____