

SPRING 2027 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 2027:

____ 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: _____