

# SPRING 2023 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 2023:

\_\_\_ Calculus III (NMAT 2350)

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

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

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

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](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: \_\_\_\_\_