The George Washington University
SUMMER PROGRAM FOR WOMEN IN MATHEMATICS
June 29, 2013 to August 3, 2013

APPLICATION INSTRUCTIONS

A completed application consists of the following items:

- **Application Form.** You should be a math major, completing your junior year, or equivalent.

- **List of Mathematics Courses Taken or In Progress.** It is helpful to have taken advanced courses in abstract/modern algebra and/or real analysis or advanced calculus.

- **Statement of Interest.** Describe your interest in the mathematical sciences and indicate why you would like to participate in our program. Indicate how this program might assist you in your graduate education plans. Please limit your statement to one page.

- **Faculty Recommendations.** Two letters of recommendation, preferably from instructors in the mathematical sciences, are required. You should fill out the top part of each Faculty Reference Form and have your faculty respondents send their recommendation letters directly to the program to be received by March 1, 2013.

- **Transcripts.** Include copies of your transcripts showing courses and grades. Include transcripts from all colleges and universities attended by you. Unofficial copies of transcripts will be accepted.

**You must be a US citizen or permanent resident of US in order to participate in our summer program.**

Send your completed application to:

Summer Program for Women in Mathematics
Department of Mathematics
The George Washington University
2115 G Street, NW (Monroe 240)
Washington, D.C.  20052

We are accepting applications only by mail. Completed applications should be received by March 1, 2013. Early applications are encouraged.

For further information, please contact the director:

Professor Murli M. Gupta    (202-994-4857)

Department Fax: (202-994-6760)
Program Email: spwm@gwu.edu
Program web site: http://www.gwu.edu/~spwm
APPLICATION FORM

Name ____________________________________________

Date of Birth __________________________ Place of Birth ____________________________

College or University ____________________________________________________________

Expected date of graduation ____________________________________________________

Citizenship ___________ Resident Status (if not U.S. citizen) ________________________

Ethnic background (optional) ____________________________________________________

Current Address ________________________________________________________________

City __________________ State ___________ Zip Code ______________________________

Current/Mobile Phone number ____________________________________________________

E-mail address __________________________________________________________________

Permanent Address __________________________________________________________________

City __________________ State ___________ Zip Code ______________________________

Permanent Phone number ________________________________________________________

Names and titles of two professors who are supplying letters of references:

(1) ____________________________ (2) ____________________________

Signature ___________________________ Date ____________________________
MATHEMATICS COURSES TAKEN or IN PROGRESS

Please indicate the mathematics courses taken by you, the grade received (indicate IP if currently taking) and the textbook used (give names of author(s) and title of text). Please use our form.

Single Variable Calculus
(Number of semesters or quarters)

Multivariable or Vector Calculus

Linear Algebra

Advanced Calculus or Real Analysis

Abstract or Modern Algebra

Differential Equations

Other Courses in Advanced Mathematics
(Or related fields)

Name: _________________________________
STATEMENT OF INTEREST

Please describe your interest in the mathematical sciences and indicate why you would like to participate in our program. **Indicate how this program might assist you in your graduate education plans.** Limit your statement to one page.

Name:_____________________________      Social Security Number (required) _____________
FACULTY REFERENCE FORM

Name of Student __________________________________________________________

I waive my right of access to this recommendation letter: ________ yes ________ no

Student’s signature __________________________________________________________

This student is applying to enter a summer program to prepare and encourage talented women undergraduates to pursue advanced degrees and careers in the mathematical sciences.

Please indicate in what capacity you have worked with the student, and compare her to other students who may have gone on to graduate school in the mathematical sciences. Give us your candid opinion of her potential for success in graduate school and indicate how our program might benefit her.

Please use your own stationery or the reverse side of this form.

THE FOLLOWING TO BE COMPLETED BY FACULTY RESPONDENT:

Name of Respondent (Please Print) _____________________________________________________

Title ____________________ Institution _______________________________________________________

Address ______________________________________________________________________________

Phone Number ____________________ E-mail address _____________________________________________

Respondent’s signature ____________________ Date _____________________________________________

Please return your assessment so as to reach us by March 1, 2013 to:

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Department of Mathematics
The George Washington University
2115 G Street, NW (Monroe 240)
Washington, D.C. 20052

Program web site: http://www.gwu.edu/~spwm
The George Washington University
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may have gone on to graduate school in the mathematical sciences. Give us your candid opinion of her
potential for success in graduate school and indicate how our program might benefit her.

Please use your own stationery or the reverse side of this form.

THE FOLLOWING TO BE COMPLETED BY FACULTY RESPONDENT:

Name of Respondent (Please Print) _____________________________________________________

Title ___________________________ Institution _______________________________________

Address ___________________________________________________________________________

Phone Number ______________________ E-mail address _________________________________

Respondent’s signature ______________________ Date _________________________________

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