

Gelfand Correspondence Program in Mathematics
Registration Form

First name _____ Last name _____

Date of birth _____ Sex: _____ Female _____ Male

Address _____
(city/ state/zip)

Telephone _____
(area code) -

E-mail address _____

Grade _____ (Indicate academic years, e.g.: 8th, 1997/'98)

Current school math course? _____

School _____
(name/ address)

School telephone _____
(area code) -

Where did you hear about GCPM? _____

What subjects interest you at school? _____

What would you like to do when you grow up? _____

Date _____

GCPM enrollment fee (1) is \$400.
If you would like to have the GCPM T-shirt, add \$10.

Enclosed is the check for \$ _____ (payable to Rutgers University)
Yes, I would like to have the GCPM T-shirt, size _____ (S/M/L)

- TO REGISTER, please, mail:
- 1) this form
 - 2) your solutions to Introductory Assignment
(follow the attached directions)
 - 3) a check

TO:

Gelfand Correspondence Program in Mathematics
Department of Mathematics
Rutgers, the State University
110 Frelinghuysen Road
Piscataway, N.J. 08855-1179

Any questions, call-
Phone: (732)445-3491
Fax: (732)445-3477
E-mail: gcpm@math.rutgers.edu

(1) We accept all interested students; contact us in case of financial difficulties.