FOR OFFICE USE ONLY		ı			VISA	•	•		
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APPLICATION FOR GRADER DEPARTMENT OF MATHEMATICS & STATISTICS SEMESTER YOU WISH

TO GRADE:	Fall	Spring	Summer 1	Summer 2		
Name:						
Local Address:						
	Street			City	State	Zip
Local Phone:			E-mail:			
Are you a U.S.	Citizen?	res No	o If not, wha	at is your visa statu	ıs? 	
BU ID#						
You	u MUST hav	ve a Social S	Security number	or you cannot be paid Academic	d by Boston Universit	y.
College of Reg	istration:					
Are vou preser	ntly employ	ved elsewh	nere on the BU	campus?		
• •			any hours per v	·		
			• •			
⊔V/E AU⊓ GE		:n2	Plassa note	s if you have alrea	ady graduated or a	ero not
				for employment a		ire not
	_				_	
Math Courses BU Course # o		tar: (Con	itinue on rever	rse side if needed) BU Course # or) 	į
BU Equivalent	Profes	ssor	Grade	BU Equivalent	Professor	Grade
			_		1	
Previous math	courses y	ou have gi	raded: (BU Cou	ırse #)		
How many grad	ding assig	nments are	e you interested	d in? 1 2	2 3 4	
Comments:	5 5	-	- ,		-	
FOR OFFICE USE ON	ILY:					
Course #	PR	OFESSOR		# OF A	SSIGNMENTS	