

Department of Mathematics
Graduate Program
LOUISIANA STATE UNIVERSITY
Baton Rouge, Louisiana 70803

Application for Assistantship or Fellowship

Please complete this form and either FAX it to us at (225)578-4276 or else mail it to the address above.

Given Name: _____

Middle Name: _____

Family Name: _____

Social Security Number (if available): _____

Date of Birth (Month/Day/Year): _____

Country of Citizenship: _____

Mailing Address: _____

Email Address: _____

Fax: _____

Work Telephone No.: _____

Home Telephone No.: _____

List *all* degrees you wish to earn in the LSU Mathematics Department: _____

GRE Scores (Verbal/Quantitative/Writing Test or Analytical) and Test Date:

GRE TOEFL Score/Test Date (if applicable): _____

GRE Math Subject Test Score/Test Date (not required): _____

Mathematics Courses: List below all mathematics courses you have taken after calculus. Please list the title/grade/textbook/university where the course was taken. *If there is not enough room on this form please use another page.*

Overall Undergraduate GPA/On a Scale of...: _____

Name of College or University: _____

Overall Graduate GPA/On a Scale of...(if applicable): _____

Name of College or University: _____

References: *Please list below the names of three persons, preferably your mathematics Professors, whom you have asked to write directly to the Department of Mathematics concerning your qualifications.*

1. Name: _____

Address: _____

Position: _____

2. Name: _____

Address: _____

Position: _____

3. Name: _____

Address: _____

Position: _____

Please state whether you have submitted your Graduate School Admission Form with this form, or directly to the Graduate School (and whether electronically or by mail).

Please tell us how our Graduate Program came to your attention.

Write a few sentences about your mathematical interests, and your goals following graduate study.
