



Application Form

Accelerated Mathematics Studies

Full Name: _____ Address: _____

City: _____ State/Prov: _____ Postal Code: _____

Email: _____ Phone: _____

I hereby certify that to the best of my knowledge my submission is correct and true.

Signature

Date

AMS application checklist

- Applied to Brock University
- Accelerated Mathematics Studies application
- Letter of intent
- Portfolio of mathematical activities

How did you hear of AMS?

- Teacher or high school counsellor
- A friend
- Websearch
- Homeschool email list
- Other (please specify): _____

Thank you for applying to AMS!