G-TEAMS Extension Application – SIGNATURE PAGE

Name of Applicant: _____

Graduate Program: _____

Name of Graduate Advisor: _____

Name of Graduate Chair: _____

To the Graduate Chair

Please confirm that you are aware of and support the application of the student named above to the G-TEAMS Extension program by signing below.

Signature of Graduate Chair: _____ Date: _____

To the Graduate Advisor

Please read and sign the following:

I support the application of _____ (applicant's name) to the G-TEAMS Extension Program. I understand that participation in this program will require the fellow to spend the equivalent of one day per month in a K-12 environment.

Signature of Graduate Advisor: _____ Date: _____

For more information about the G-TEAMS Extension program, please visit
http://ime.math.arizona.edu/g-teams/G-TEAMS_Extension.html