

City College of New York, CUNY
Department of Mathematics
Accelerated Master's Option: Admissions Application

Please submit this completed application and a personal statement to the **Mathematics Department's Graduate Advisor(s)**. See <http://math.sci.ccny.cuny.edu/admins/list> for contact information.

Date: _____

Student Name: _____ EMPLID: _____

Address: _____

Phone: _____ E-Mail: _____

Undergraduate Major: _____

To be completed by Graduate Advisor(s):

Credits Completed: _____ Credits in Major Completed: _____

GPA in Math courses: _____ Grade in Math 323 (or equivalent): _____

Graduate Admissions Requirements

I. Personal Statement

II. Faculty References Two letters of recommendation from mathematics faculty members should be sent directly to the Mathematics Department's Graduate Advisor.

1. Faculty Reference Name: _____

Department: _____ Email: _____

2. Faculty Reference Name: _____

Department: _____ Email: _____

Required Signatures

Applicant Signature: _____ Date: _____

Graduate Advisor Approval: _____ Date: _____

Undergraduate Advisor Approval: _____ Date: _____
(undergraduate advisor is assigned by the department)