Mathematical Contest in Modeling Sign Up

Note: This form is for use only by Kansas State University Undergraduate Students

We are collecting this information, so we can assign teams and prepare for the competition. We will post the KSU problem solutions to our web site. You can read about the competition at the MCM page.

Name (as you wish it to appear on certificate): _____

E-mail: _____ Phone: _____

Address (where we should mail prizes): _____

City: _____ State: _____ Zip: _____

Other preferred team members:

First Member Name: _____

Second Member Name: _____

Spring Schedule:
Please copy the names, days, and times of the classes you are taking this spring. Also, please fill in those times in the grid with an "X."

Class Name	Days	Time

	M	T	W	U	F
8:30					
9:30					
10:30					
11:30					
12:30					
1:30					
2:30					
3:30					
4:30					

Please return this completed form to **David Auckly**, Cardwell 26, or to the **Department of Mathematics**, Cardwell 138.