



AMTE Graduate Student Status Verification Form

Instructions

Graduate students should use this form to verify their **full-time student status** in order to qualify for discounts on AMTE membership and/or conference registration.

Please complete the form below, have your graduate advisor sign it, and send it to Lynn Stallings via fax or mail.

Information

Graduate Student's Name: _____

University: _____

Department: _____

Mailing Address: _____ Home University

City: _____ State/Province: _____ Zip/Postal Code: _____

Home Phone: _____ Work Phone: _____

Fax: _____ Email: _____

Note: This information will be accessible to AMTE members on the website. If you would like any of the information about to NOT be included, please list here which information you would like excluded:

Verification

I verify that the above-named graduate student is enrolled as a full-time student for the following semester(s) indicated below:

Fall 2010 Spring 2011

Graduate Student Advisor's Name (please print): _____

Graduate Student Advisor's Signature: _____

Please submit the completed and signed form to Lynn Stallings via mail or fax.

Mail To:

c/o Dr. Lynn Stallings
Department of Mathematics & Statistics
Kennesaw State University
1000 Chastain Road, #1601
Kennesaw, GA 30144

Lynn Stallings Contact Info

Email: lstallin@kennesaw.edu
Phone: 770-420-4477
Fax: 770-423-6629