SFU Summer Math Camps 2015 Nomination Form
June 22 - 26 SFU BURNABY    -or-    June 24 – 25 SFU SURREY
Please complete and fax to 778-782-4947 attention: M. Dubiel, by May 29th, 2015
PLEASE PRINT CLEARLY!

Student Last Name: ____________________________ First Name: ____________________________

Student’s email: ____________________________________________________________

Camp choice: Burnaby ______ or Surrey ______
(June 22 - 26) (June 24 - 25)

School name: ____________________________________________

School: _______________________________________________________

Address: _________________________________________________________

Telephone #: __________________ Fax #:__________________________

Contact person: ________________________________________________

Title: ____________________________ Email: ________________________

Student’s current grade level: ______

Average mathematics mark: ______ Overall average: ______

Has the student competed in any mathematic competitions: yes: [ ] no: [ ]
If yes which ones and what were the results:
______________________________________________________________
______________________________________________________________

Reasons why you think the above student would benefit from participating in the SFU Math Camp:
______________________________________________________________
______________________________________________________________

Teacher’s signature: ____________________________ Date: ____________________________