Please fax completed nomination forms to 778-782-4947 No Later than Friday, May 10th, 2019

Please print clearly!

Burnaby: June 24th-28th  [ ]  Surrey: June 25th – 26th  [ ]

Teacher First Name: __________________________  Last Name: __________________________

Email Address: __________________________  Position: __________________________

School Name: __________________________

Student First Name: __________________________  Last Name: __________________________

Email Address: __________________________

Parent/Guardian  First Name: __________________________  Last Name: __________________________

Email Address: __________________________

Current Grade Level: ______  Average Math Mark: ______  Overall Average: ______

Has the student competed in any Mathematic Competitions? If yes, which ones, what were the results & what was the score out of?  

____________________________________________________________

Has the student attended an SFU Summer Math Camp in the past? If yes, which location & year?  

____________________________________________________________

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

____________________________________________________________

____________________________________________________________

____________________________________________________________

____________________________________________________________

Teacher’s Signature: __________________________  Date: __________________________