



Calculus Placement Exam Reservation Form

San Jose State University
Department of Mathematics
One Washington Square, MH 308
San Jose, CA 95192-0103

Please mail the completed form and a check (*made out to SJSU*) for \$20.00 to the Department of Mathematics at the address given above.

Last Name: _____ First Name: _____

Student ID number (or Social Security Number): _____

Major: _____

Test Date: _____

Home Address: _____

City, State, Zip: _____

Main Phone: _____ Alternate Phone: _____

Email: _____

Are you hoping to get into (*Circle One*) Math 30, Math 30P, Math 60 or Math 71?

To be completed by the Calculus Coordinator.

Date Received: _____

Received by: _____

Action Taken: _____