



Calculus Placement Exam Reservation Form

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

Please complete this form and mail it along with your check (*made out to SJSU*) for \$20.00 or bring it to the Department of Mathematics at the address given above.

Last Name: _____ First Name: _____

SJSU Student ID Number (or Last 4 Digits of SSN): _____

Major: _____

Test Date: _____

Home Address: _____

City, State, Zip: _____

Main Phone: _____ Alternate Phone: _____

Email: _____

(*Circle*) which course you would like to enroll in: Math 30, Math 30P, Math 31, Math 60, Math 71

To be completed by the Mathematics Department.

Date Received: _____

Received by: _____

Action Taken: _____