



**BEMIDJI**  
STATE UNIVERSITY



*Discrete  
Mathematics for  
Elementary and  
Middle Level  
Teachers*

**June 13 - July 1, 2016**



Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home City, State, Zip \_\_\_\_\_

School: \_\_\_\_\_

School Address: \_\_\_\_\_

School City, State, Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ School Phone: \_\_\_\_\_

Email: Home: \_\_\_\_\_ School \_\_\_\_\_

Please consider my application in conjunction with the following individuals who will also be applying to attend the institute:

\_\_\_\_\_ who is a teacher at \_\_\_\_\_

\_\_\_\_\_ who is a teacher at \_\_\_\_\_

\_\_\_\_\_ who is a teacher at \_\_\_\_\_

\_\_\_\_\_ who is a teacher at \_\_\_\_\_

Considering the program's objectives, I feel that I should be accepted into the institute for the following reasons: Write your reasons on the back of this page.

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Mail this Application Form to:

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Box 23 - Mathematics  
Bemidji State University  
1500 Birchmont Dr. NE  
Bemidji, MN 56601**