MATHEMATICAL TRIPOS 2017

Name: .................................................................................................................................

Email Address: ..................................................................................................................

Department: ........................................................................................................................

I am interested in (please tick those you are interested in):

- MARK CHECKING  
- INVIGILATION  
- BEING AN ATTENDANT  
- SCRIPT SORTING

Please indicate below any restrictions on availability, e.g., dates when you would be away:

Signed: ............................................................................................................................... 

For Research Students only – please ask your supervisor to countersign below:

To the best of my knowledge the student named above is a proper person to assist with the Tripos examinations as a mark checker /invigilator/attendant. He/she has my approval to do this work provided the amount is not excessive.

Signed: ...............................................................................................................................