Application Summary

Names

Prefix

First Name Colton

Middle Name Crosman

Last Name Grainger

EmplID 108084346

Suffix

Former Last Name

Application

Career Graduate

Program Applied Math - MS

Sub Plan Physical Applied Mathematics

Admit Term Fall 2017 UC Boulder

Admit Type applicant to a Master's program

Payment Type Credit Card Application Fee \$60.00

Personal Information

Date of Birth Oct 24 1994

SSN *****0519

Gender Male

Are you Hispanic, Chicano, Mexican, Latino, Cuban, Puerto Rican, South or No Central American, or Spanish origin?

Please select one or more racial white categories to describe yourself:

Permanent Address

Address 1 1127 HAMMOCK ST

Address 2

Address 3

City HOUSTON

State TX

Postal code 77009

Country USA

Mailing Address

Address 1 1127 HAMMOCK ST

Address 2

Address 3

Address 4

City HOUSTON

State TX

Postal code 77009

Country USA

Contact Information

Home Phone (208) 585-7373

Application Summary

Other Phone

Email Address coltoncgrainger@gmail.com

Citizenship

Citizenship US Citizen

Residency

You are not claiming in state residency.

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Employment History

Post-Secondary Education

College of Idaho 2112 Cleveland Caldwell,ID 83605 USA

From Sep 01 2012

To May 01 2016

GPA Type Application

Grading Scale 4PT GPA Scale

GPA 3.5

Attempted Hours

Completed Hours

Degree Bachelor of Science

Major/Concentration Mathematics-Physics

Degree Type Received

Date May 20 2016

Standardized Tests

Test Graduate Records Examination

Test Component Analytical Writing

Test Date May 09 2016

Score 4.5

Percentile 82

Test Component Verbal Reasoning

Test Date May 09 2016

Score 166

Percentile 97

Test Component Quantitative Reasoning

Test Date May 09 2016

Score 156

Percentile 63

Test Component Mathematics (Subject)

Test Date Oct 29 2016

Score 670

Percentile 53

Honors and Awards

Honor/Award Heritage Scholar
Award Date Sep 01 2012

Application Summary Affiliations Native Language **Enalish Sensitive Data** Have you ever been placed on probation, suspended, expelled, or been subject to official disciplinary action from any high school or postsecondary institution for any academic misconduct or behavioral misconduct? If yes, please click on the link and fill out the required form. You do NOT need to answer yes for suspension or probation related to academic deficiency. Do you have a pending criminal charge OR have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential. (Misdemeanor traffic offenses are exempt.) No **Supplemental Information** QUESTION. Some departments offer areas of specialization or subplan. If applicable, you would have had the option to select your primary choice on the first page of the application. If you have a second choice list here. NA QUESTION. If you have a third choice of subplan, list here._ NA QUESTION: Please enter the mean number of months of prior, full-time research experience you have completed. This may reflect months of summer research experience or full-time research experience following college or part-time, academic-year research experience for academic credit. For part-time experience convert to full time for reporting here (e.g., 15 hours/week for 8 months = 3

QUESTION. Please enter your initials below.

CCG

months).

Letters of Recommendation

Application Summary

Recommender 1

Prefix Dr

First Name Jonny Last Name Comes

Suffix

Organization The College of Idaho

Title Visiting Instructor

Email Address jonnycomes@gmail.com

Recommender 2

Prefix Dr

First Name James Last Name Dull

Suffix

Organization The College of Idaho

Professor of Physics Title

Email Address jdull@collegeofidaho.edu

Recommender 3

Prefix Dr

First Name Steven **Last Name** Maughan

Suffix

Organization The College of Idaho

Title Professor of History

Email Address smaughan@collegeofidaho.edu

Recommender 4

Prefix Dr

First Name Dave Last Name Rosoff

Suffix

Organization The College of Idaho

Title Asst. Professor of Mathematics

Email Address drosoff@collegeofidaho.edu

Essays and Document Upload

G. Curriculum cgrainger-cv.pdf Vitae/Resume

A. Personal Statement cgrainger-pers-state.pdf H. UNOFFICIAL cgrainger-transcript.pdf

TRANSCRIPT(S)