Supplemental Instruction (SI) Support Request

Directions: The following steps must be in place before SI support request can be considered:

1. Support of Department Chairperson
2. Support of Instructor(s) for the course
3. Commitment by the department to fund the SI leader position if support is beyond the Academic Success Center’s general budget.

Semester for which SI support is being requested:

☐ Fall  ☐ Winter  ☐ Spring/Summer  ☐ Summer I, II

Please allow one semester in advance to implement SI for your requested course. This will allow time for planning, recruiting and SI leader training.

Course Information:

Course Number & Section: ____________________________

Title of Course: ______________________________________

Class Meeting days/times: ______________________________

Instructor Information:

Instructor Name: ____________________________

Department: ____________________________

E-mail: ____________________________ Office Location: ____________ Phone #: ____________

Is the instructor aware of SI support request for this course?  Yes  No

Funding:

If SI for this course cannot be funded through the Academic Success Center’s general budget, is your department willing to transfer $2500 (per semester to cover the wages for one SI leader) to the Academic Success Center in order to have SI support for this course?

Yes  No

SI Leader Recommendation (provide name & access ID of students whom you would recommend as potential SI leaders for this course):

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

Additional Information (any information that is pertinent to this partnership):

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I understand that this request does not guarantee SI support unless all involved parties are in agreement with the terms.

__________________________________________________________________________________________

Professor / Instructor Signature  Department Chair Signature  Date