SUPPLEMENTAL INSTRUCTION
INSTRUCTOR/CLASS APPLICATION

Please complete a separate form for each Course requested.
This form must be submitted each semester.
All fields in **Bold** must be completed or the form will be rejected.

**Instructor:** ________________________________    **Phone:** ________________________________

**Email:** ________________________________

**Course name:** ____________________________    **CRN:** ____________________________    **Section:** ____________________________

**Textbook:** __________________________________________    **ISBN:** ________________________________

Do you have an extra copy for the SI to use: **Y / N**

**Please take a moment to view the brief power point presentation (attached) on Supplemental Instruction and complete the brief quiz at the end. Forward your quiz results along with this form!**

**I would like to recommend the following students as an SI Leader:**
Why we ask for three: We will be interviewing each NEW recommendation to determine that they are a good fit for the Supplemental Instruction program.

**Name:** ________________________________    **Email:** ________________________________

**ID Number:** ________________________________    **Phone:** ________________________________
I (have/have not spoken with this student).

**Name:** ________________________________    **Email:** ________________________________

**ID Number:** ________________________________    **Phone:** ________________________________
I (have/have not spoken with this student).

**Name:** ________________________________    **Email:** ________________________________

**ID Number:** ________________________________    **Phone:** ________________________________
I (have/have not spoken with this student).

**Please return this form to:**
Sheila Patterson
261 Clement Hall
spatte20@utm.edu