

SUPPLEMENTAL INSTRUCTION
INSTRUCTOR/CLASS APPLICATION

Please complete a separate form for each class requested.
This form must be submitted each semester.

Instructor: _____ Phone number: _____

Course name: _____ CRN: _____ Section: _____

Textbook: _____ Edition: _____

Author: _____

I would like to recommend the following student as my SI Leader.

I (have/have not spoken with this student).

Name: _____ Email address: _____

ID Number: _____ Phone number: _____

Please return this form to:
Sharon Robertson
209 Clement Hall
sroberts@utm.edu
731-881-7719