

Supplemental Instruction (SI) Leader Information Form

Name _____ Semester _____ Date _____

Address _____
(Street)

(City, State, Zip)

Student ID# _____ Home Tel.# _____ Bus/Cell _____

Email Address (es) _____

Educational Background _____

GSU College _____ Major _____

Degree you are seeking _____

Estimated number of semesters before you graduate _____

Describe any previous teaching/tutoring
experience _____

Presently working in another department on campus? Yes _____ NO _____

If Yes, list the department(s) and your title (Student Assist, GRA, GTA, etc.) _____

Presently working off campus? If so, how many hours? _____

Please list the days and times you will be available (not in class and not at another job on or off campus) during the semester.

Please list class(es) for which you desire to be the SI leader.

Why are you interested in this position and why do you feel that you would be a good choice?

What advice would you give to freshmen that would help them become successful students?

What is your definition of academic success?

Will you be available for our two-day training on the week before classes begin and be available for bi-weekly or monthly meetings.

_____ Yes _____ No

References who can speak to your qualifications _____

In case of emergency, call _____

Name and Telephone No.

Relation