

SI Session Requests

Supplemental Instruction
Iowa State University

For Fall 2008 SI Sessions

Directions

Please **complete this form for each course** you are requesting SI. We prefer that department chairpersons review the SI requests for all courses within a department and provide input.

I. Course Information (Based on the ISU course catalog): Required Information

Number and section(s): _____

Title of course: _____

II. Instructor Information (if available):

Preferred Information

Name and Title: _____

E-Mail: _____

Office Location: _____

Office Phone: _____

Is this instructor supportive of SI for this course? Yes No

** Basic support from an instructor helps our Leaders complete their responsibilities. Support of SI also means students are much more likely to attend SI sessions. We do not expect instructor's to give a significant amount of personal or in-class time to SI.*

III. Funding:

Required Information

Do you believe this course meets the criteria for "centrally funded" SI? Yes No

** Refer to the memo for a description of "centrally funded" SI.*

If this course does not meet the criteria for "centrally funded" SI, is your department willing to pay \$1800 per Leader to support SI for this course? Yes No

** \$1800 is our "formula" amount for the average cost of SI sessions. Most of this amount goes directly to cover the stipend for a Leader.*

IV. SI Leader:

Preferred Information

Please list the names of students whom you would recommend as SI Leaders for this course.

What input do you want into the selection of the SI Leader for this course? *(Some faculty have specific requests, some faculty leave it entirely to us. Your input will be accommodated as best possible!)*

V. Additional Information:

Please offer additional information as needed.