Application for supplemental instruction leader position
2019 Semester 1

Position applied for	
Name and Surname	
Student Number	
Are you a registered student at UKZN? If yes, (1) Current degree and year of study (2) What are your majors?	Yes / No 1. _____ 2. _____
Modules you would like to be an SI leader: 1. First choice, 2. Second choice, 3. Third Choice	1. _____ 2. _____ 3. _____
Contact Number	
Alternate Email	
Residential Address	
First Language	
Number of modules registered in 2019 semester 1	
Marks (%) obtained in the SI module/s of your choice	

1. Have you worked as an SI leader/Demonstrator/Tutor previously?	Yes / No If yes, please complete the table below:		
	Year	**SI leader/Demi/Tutor**	**Module**
2. Do you stay in any of the university residences?	Yes / No (If yes, which residence? _____)		
3. If selected as an SI leader, will you be able to facilitate SI sessions after 18:00 in a UKZN residence?	Yes / No		
4. Will you be able to facilitate SI sessions on Saturdays?	Yes / No		
5. Will you be able to facilitate SI sessions in isiZulu?	Yes / No		

CONSENT BY THE SUPERVISOR: (*For postgraduate students only*)	I hereby authorise my research student Dr/Mr/Ms _____ to be a SI Leader for module/s _____ this semester _____ _____ *Signature* *Date* Additional comment: _____ _____
Applicant's signature confirming that information provided is correct: _____	Date of application: _____
For office use only	
Application received by ADO on :	
Decision on the application :	
Approved & signed:	_____ _____ *Signature* *Date*