**College of Agriculture, Engineering and Science**

**Application for the position of Supplemental Instruction Coordinator Westville**

**2019 Semester 1**

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| --- | --- |
| Position applied (select the school) | SI Coordinator in the **School of Life Sciences**/**School of Mathematics, Statistics and Computer Science** |
| Current school that you belong to |  |
| Name and Surname |  |
| Student Number |  |
| Are you a registered student at UKZN? | Yes / No |
| If yes, (1) Current degree and year of study (2) What are your majors? | 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Contact Number |  |
| Alternate Email |  |
| Residential Address |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Have you worked as an SI leader/Demonstrator/Tutor previously? | Yes / NoIf yes, please complete the table below:

|  |  |  |
| --- | --- | --- |
| **Year** | **SI leader/Demi/Tutor** | **Module** |
|  |  |  |
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| 2. Do you stay in any of the university residences? | Yes / No(If yes, which residence? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) |
| 3. If selected as an SI coordinator, will you be able to oversee SI sessions after 18:00 in a UKZN residence? | Yes / No |
| 4. Will you be able to oversee SI sessions on Saturdays? | Yes / No |

|  |  |
| --- | --- |
| CONSENT BY THE SUPERVISOR:**(*For postgraduate students only*)** | I hereby authorise my research student Dr/Mr/Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be a SI Coordinator 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* |