**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 / 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 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 |

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| 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* |