Application for supplemental instruction leader position 2020 Semester 1

Position applied for							
Name and Surname							
Student Number							
Are you a registered student at UKZN?	Yes / No						
If yes, (1) Current degree and year of study	1						
(2) What are your majors?	2						
Modules you would like to be an SI leader: 1. First choice, 2. Second choice, 3. Third Choice							
Contact Number							
Alternate Email							
Residential Address							
First Language							
Number of modules registered in 2020 semester 1							
Marks (%) obtained in the SI module/s of your choice							
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	Yes / No						
residences?	(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 or on campus?	Yes / No						
4. Will you be able to facilitate SI sessions on Saturdays?	Yes / No						

Yes / No

5. Will you be able to facilitate SI sessions in

isiZulu?

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 app	lication:						
For office use only								
Application received by ADO on :								
Decision on the application :								
Approved & signed:								
	Signature				Date			