Supplemental Instructor Application

What is Supplemental Instruction?
University 60 classes, Supplemental Instruction (SI), are peer-facilitated group study sessions designed to help students master difficult subject matter in classes with traditionally low pass rates. Students enroll to receive one unit credit. Sessions focus on understanding content while developing effective study strategies, note taking and problem solving skills, and preparing for exams.

What are the Supplemental Instruction Leaders’ responsibilities?
SI leaders are responsible for attending class meetings for the selected (‘target’) course, planning and facilitating SI sessions throughout the term, and attending bi-weekly meetings and for developing and evaluating lesson plans.

What are the benefits of being an SI leader?
SI is a paid position. SI is also an opportunity for students to improve their communication skills, gain experience in working with peers, strengthen skills in a given academic subject, and gain professional experience. Being an SI leader is a great opportunity for anyone who is interested in teaching.

Minimum Criteria Needed to Apply:

- Must be a Junior, Senior, or Graduate student.
- Must have an overall GPA of 3.0 or higher.
- Must have previously taken the course to be tutored and received a grade of A.
- Must have good communication and interpersonal skills.

How can I apply to be an SI leader?
SI leaders are hired every semester. For more information contact:

Karen Abramowitz, SI/SMART Tutor Coordinator
Location: OV 300;
E-mail: Karen.Abramowitz@csun.edu Phone: (818) 677-2033
California State University, Northridge
Learning Resource Center
Supplemental Instruction
SI TUTOR APPLICATION

1. Print Name: _______________________________________________________
   Last                                    First                      Middle

2. Address (campus): Address (permanent):
   ____________________________________________
   Street                                                                 Street
   ____________________________________________
   City, state, zip code                                                            City, state, zip code

3. Phone (campus): _______________________ Phone (permanent):____________

4. Email: _________________________ I.D. #_________________

5. How did you find out about SI tutoring? ___________________________________________

6. Major: ____________________________ Minor: _____________________________
   ____________________________________________

7. Class level: Freshman _____Sophomore_____ Junior _____ Senior____ Graduate_____ 

8. GPA (overall):________ GPA (major): ________

9. Work- Study:   Yes: _______ No: _______

10. What courses would you like to SI?
    Courses ------------- Grade
     ____________________________________________
     ____________________________________________
     ____________________________________________
     ____________________________________________

11. How many units are you taking or plan to take? ________

12. How many hours would you like to work? ____________
13. Are or will you be working elsewhere on campus? Yes______ No______ # of Hrs. _______

14. List three references who can comment on your academic ability.

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<th>Department</th>
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15. In the space below, write one or two paragraphs explaining why you believe you will make a good SI.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

16. To complete your application, submit the following:

   A. TWO LETTERS OF RECOMMENDATION (Use the two forms attached to this application)
   B. A COPY OF YOUR OFFICIAL OR UNOFFICIAL TRANSCRIPTS

17. To the best of my knowledge, the above statements are true and accurate.

________________________________________                                   ____________________
Signature                                          Date
SI TUTOR APPLICATION LETTER OF RECOMMENDATION

Applicant Name: ___________________________________________________________

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I.D. or File#:______________________ Date: __________________

To Recommender: The above named applicant is applying to the Learning Resource Center (LRC) as a tutor in the Supplemental Instruction (SI) Program. As a tutor the applicant will provide services to any CSUN student seeking help in the applicant’s subject area(s). Please complete this form and make any comments you deem appropriate.

You may return this form via email or the applicant. Our mail code is 8325. If you are off campus, please address your letter to: CALIFORNIA STATE UNIVERSITY, NORTHRIDGE, LEARNING RESOURCE CENTER, 1811 NORDOFF STREET, NORTHRIDGE, CALIFORNIA, 91330-8325. If you have any questions or comments, our telephone is (818) 677-2033 and ask to speak with Karen.

1. How long have you known the applicant and in what capacity? _______________
   _______________________________________________________________________
   _______________________________________________________________________

2. What course(s) did the applicant take with you? [Indicate course(s) and grade(s)]
   _______________________________________________________________________
   _______________________________________________________________________

3. What levels do you think the applicant can tutor? 100___200___300___400___

4. Rate the applicant’s ability: Outstanding____Good____Fair____Poor_____ 

5. Comments: _____________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

______________________________________________________________________________

Print Name

Department

______________________________  ______________________________
Signature Date
SI TUTOR APPLICATION LETTER OF RECOMMENDATION

Applicant Name: ___________________________________________________________

Last                           First                           Middle

I.D. or File#:_________________________       Date: __________________

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__________________________________________________________
Print Name                                              Department

__________________________________________________________
Signature                                           Date