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 also 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, developing engaging and interactive lesson plans for SI sessions, attending and facilitating those SI sessions, and attending bi-weekly strategizing team meetings.

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:
- Sophomore, Junior, Senior, or Graduate students preferred
- Must have an overall GPA of 3.0 or higher
- Must have previously taken the course to be instructed and received a grade of B+ or better
- Must have good communication and interpersonal skills

How can I apply to be an SI leader?
- Fill out the application below, including attachments of your unofficial transcript and a copy of your class schedule, and email it to siandsmart@gmail.com or drop your application off at the LRC on the 3rd floor of the Oviatt Library, East Wing.
- Two recommendation forms or email recommendations must also be submitted by a professor which can be emailed directly to Karen Abramowitz.

California State University, Northridge
Learning Resource Center
SI Program

For more information contact: Karen Abramowitz, SI/Tutor Coordinator
Location: OV 300;
E-mail: karen.j.abramowitz@csun.edu  Phone: (818) 677-2033
Supplemental Instruction
SI LEADER APPLICATION

1. Print Name: _____________________________________
   ____________________________
   Last                      First                      Middle                      Date

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

   Address (permanent):
   ________________________________
   Street
   ________________________________
   City, state, zip code

3. Phone: _______________________

4. Email: _________________________
   I.D. #_________________

5. How did you find out about the SI program? _______________________________________

6. Major: _______________________

7. Class level: Freshman _____ Sophomore_____ Junior _____ Senior___ Graduate_____

8. Planned Graduation Date: ______________

9. GPA (overall): ________      GPA (major): _________

10. For which courses would you like to be a SI?
    Courses                     Grade
    _______________________________________
    _______________________________________
    _______________________________________
    _______________________________________

11. Work- Study:  Yes:_____  No: _____

12. How many units are you taking or plan to take? ____________

13. How many hours would you like to work? ____________

14. Are or will you be working elsewhere on campus? ________________________
15. List two references who can comment on your academic ability.

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16. In the space below, write one or two paragraphs explaining why you believe you will make an effective SI.

______________________________________________________________________________
______________________________________________________________________________
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17. To complete your application, submit the following:

A. TWO RECOMMENDATION FORMS (submitted by a professor)
B. A COPY OF YOUR UNOFFICIAL TRANSCRIPTS
C. A COPY OF YOUR CLASS SCHEDULE FOR THE UPCOMING SEMESTER

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

________________________________________  ____________
Signature                                    Date
SI LEADER APPLICATION LETTER OF RECOMMENDATION

Applicant Name: __________________________________________

Last: ___________________________  First: ___________________  Middle: ______________

I.D.:______________________  Date: ____________________

To Recommender: The above named applicant is applying to the Learning Resource Center (LRC) as an instructor in the Supplemental Instruction (SI) Program. As a SI Leader the applicant will provide services to CSUN students 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 compose an email addressing the questions below to Karen Abramowitz at karen.j.abramowitz@csun.edu or siandsmart@gmail.com. If you have any questions or comments, please call (818) 677-2033.

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 understanding of the material:
   Outstanding____Good____Fair____Poor_______

5. Rate the applicant’s ability to communicate effectively:
   Outstanding____Good____Fair____Poor_______

6. Comments: ________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________
   ______________________________________________________________________

Print Name ____________________________________  Department ______________________

Signature ___________________________  Date ____________________
SI LEADER APPLICATION LETTER OF RECOMMENDATION

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I.D.:______________________ Date: __________________

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   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

Print Name ____________________________ Department ____________________________

Signature ____________________________ Date ____________________________
FOR DEPARTMENTAL USE:

Interview By: ____________________________     Interview Date: _______________

Hired?     Yes ☐  No ☐  SMART Lab ☐  SI Leader ☐

SUBMITTED:
Completed Application ☐
Unofficial Transcript ☐
Class Schedule ☐
Recommendation Form ☐

COMMENTS:____________________________________________________________
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