Supplemental Instruction

Send completed applications to si.soar@ttu.edu or William.s.lopez@ttu.edu

(806)742-3664, Drane Hall 135

SI LEADER APPLICATION



Name:		R# & E-raider Sign in
(Last)	(First)	
Local address:		Zip Code:
Local phone: ()	Email address:	
Classification: FR SO JR SR G	RAD Grade Point Average:	Hours currently enrolled:
Major:	Min	or:
How many hours will you be availab	le to work?(max. 20) Have you been approved for Work/Study? YES / NO
How did you hear about this job opening	at the S.O.A.R Learning Center?	

Please provide your thoughts to the questions below. Attach additional sheets if needed.

- 1. What interests you about being an SI Leader?
- 2. List the five traits that make you a successful student and would benefit your work as an SI Leader.
- 3. What courses are you interested in serving as an SI Leader?
- 4. Describe any experience you have in work with students towards academic success.
- 5. What public speaking experience do you have?

Recommendation

One recommendation must be submitted to be considered for the SI Leader position. The recommendation can be sent using the SI Leader recommendation form or recommendation letter to <u>si.soar@ttu.edu</u> or <u>William.s.lopez@ttu.edu</u>.

List instructors/references who can attest to your high academic achievements and strong organization skills.

Name	Office Room/Building/Mail Stop	Phone

Job Experiences

List previous job experiences starting with the most recent.

Dates			Employer & Supervisor	Job Responsibilities	
From:	/	To:	/		
From:	/	To:	/		
From:	/	To:	/		
From:	/	To:	/		
From:	/	To:	/		

Class Schedule and Availability

List your class schedule and any other times you will not be able to work on a weekly basis.

Days	Time	Course

<u>REMINDER:</u> As part of the application process, you must provide a recommendation using the SI Recommendation form or recommendation letter.

By signing below, I hereby attest that all information on this application is true to the best of my knowledge.

Signature: _____