



# Supplemental Instruction Leader Request Form

**Academic Year:** 20 / 20

**Semester:**  Fall  Spring

**Intersession:**  Winter  Summer

**Faculty Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Discipline:** \_\_\_\_\_

## COURSE INFORMATION

**Course:** \_\_\_\_\_

**Course Code:** \_\_\_\_\_

**Course Schedule:**

**Course Room:** \_\_\_\_\_

Monday  Tuesday  Wednesday  Thursday  Friday

From \_\_\_\_\_ to \_\_\_\_\_

## SI LEADER REQUESTED

**Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Student ID (if applicable):** \_\_\_\_\_

**Does this requested SI Leader meet qualifications as required and outlined in the SI Program Faculty & Staff Handbook?**

Yes  No



Request forms must be submitted electronically or hardcopy to SI Program Staff in the STEM Student Success Center by required dates.

Contact the STEM Student Success Center at (951) 571-6363 or [mvc-siprogram@mvc.edu](mailto:mvc-siprogram@mvc.edu) for more information.

