

SUPPLEMENTAL INSTRUCTION SUPERVISOR APPLICATION FORM

Personal Data

Name _____

Address _____

Home Phone _____ Times you can be reached at this number _____

Work Phone _____ Times you can be reached at this number _____

Email _____ University ID # _____

Academic Department _____ Position in Department _____

Educational Background

Undergraduate Degree _____
Major Year College/University

Graduate Degrees _____
Major Year College/University

Major Year College/University

Other _____

Employment History

Please describe any experience you have in teaching, supervising, and training.

Are you presently working at the University of Utah? Yes _____ No _____

If yes, please list the department(s) _____

Please indicate the campus/work activities in which you anticipate being involved during the time that you are applying to work with the Supplemental Instruction Program.

Reasons for Interest

1. What is it about this position that interests you?

2. Describe experiences that you have that you think relate to this position?

3. What do you think are the challenges new students face in a large university?

4. What do you think are the challenges for undergraduate students studying your discipline?

Academic References

Name	Address	Position	Phone
1.			
2.			

Signature

Date