Application Packet For
Supplemental Instruction Leader

University of Nebraska at Kearney
Academic Success Learning Commons
Calvin T Ryan Library #223
(308) 865-8728
Supplemental Instruction Leader
Position Announcement

**Job Description:** Supplemental Instruction (SI) Leaders work directly with students enrolled in one course using group activities and games to help students master study skills and course content. SI Leaders attend the SI class for every class period, work with the instructor to identify concepts to review, develop lesson plans for each SI session, and host three SI sessions weekly. SI Leaders also participate in training at the beginning of and throughout the semester.

**Qualifications:** Applicants must possess the following work habits and interpersonal skills to be considered for a position:
- Sincere desire to help fellow students
- Clear communication
- Cooperative with staff, faculty, and supervisors
- Dependable

Additionally, Supplemental Instruction Leader applicants must:
- Be a UNK student (both Undergraduate and Graduate students are encouraged to apply).
- Be available to work 10 hours per week (simultaneous campus positions allowed if total weekly hours do not exceed 20).
- Submit an academic recommendation from the UNK faculty member teaching the course (form included in this packet).
- Submit a recommendation from your UNK academic advisor (form included in this packet).
- Submit a current, unofficial transcript (print from UNK myBlue).
- Complete interview process with SI supervisor, SI Leaders, and/or SI faculty members (interviews offered only to the most qualified applicants).

**Salary:** SI Leaders are paid an hourly wage that increases with leadership achievements within the position.

**Provisions:** Renewable contract on a semester basis provided:
- The SI Leader achieves acceptable academic progress in their degree program
- The SI Leader fulfills responsibilities outlined in their contract
- A need for the SI Leader exists

**Tutoring Hours:** SI Leaders are contracted to work 10 hours per week to include time in class, session planning, office hours, meeting with the instructor, and conducting sessions. Schedules will be determined by the SI Leader and SI supervisor at the start of the semester. SI sessions will be scheduled according to students’ schedules as well as that of the SI Leader.

**Application Deadline:** Application deadlines will vary according to the needs of the program. Generally, interviews are conducted at least one month prior to the start of each semester.

**Contact Information:** UNK Learning Commons - (308) 865-8728
Patrick Hargon, Associate Director: hargonp2@unk.edu
Full Name: _______________________________________________________________        Student ID#__________________________        Last                                       First                             M.I

Local Address: _____________________________________________________________    Phone: (_______)______________________

_______________________________________________________________________
City                                State                       Zip

UNK e-mail address:_______________________________@lopers.unk.edu

College(s) attended:________________________________________________________

Major:________________________________________________________ Minor:___________________________________

Cum. GPA:__________________________  Semester Hours Earned:________________

How many semesters are you be available to be an SI Leader?_____________

Class(please circle one):   Freshman     Sophomore     Junior     Senior     Graduate

For what course are you interested in becoming an SI Leader?

<table>
<thead>
<tr>
<th>Subject</th>
<th>Course Number</th>
<th>Course Grade</th>
<th>Semester Taken</th>
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<tbody>
<tr>
<td>Biology</td>
<td>105</td>
<td>A</td>
<td>Spring 2010</td>
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Example: Biology 105 A Spring 2010

Please indicate who we should expect references from below. One should be the faculty member teaching the class. The other should be your academic advisor.

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<thead>
<tr>
<th>Name</th>
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Please answer the following questions:

➢ Why are you interested in becoming an SI Leader at UNK?

➢ What do you perceive as being the responsibilities of a Supplemental Instruction Leader?

➢ What experience or previous jobs have you had that would help you in your job as an SI Leader?

➢ Any additional information you would like to include:

If employed, I understand that continued employment by the Learning Commons is contingent upon a review of each semester’s transcript and all provisions met as stated in the application.

Signature ___________________________ Date ________________

Please return to:
SI Leader Application Collection
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Phone: (308) 865-8728

It is the policy of the University of Nebraska at Kearney not to discriminate based upon age, race, ethnicity, color, national origin, pregnancy, disability, sex, sexual orientation, gender identity, genetic information, veteran's status, marital status, religion or political affiliation.
Faculty Recommendation for Supplemental Instruction Leader

Applicant: please complete this section

Applicant’s Student ID#: ____________________________

Instructor’s Name: __________________________________

(please print the name of the person providing this reference)

Applicant’s Name: ________________________________ has applied for the position of SI Leader.

(applicant, please print your name)

Course for which applicant is seeking recommendation: ______________________________________________

Instructor: please complete this and all sections following

Is the applicant knowledgeable in the subject area listed above?
Yes ________ No ________ Not able to judge ________

Comments:

Is the applicant able to communicate the subject clearly?
Yes ________ No ________ Not able to judge ________

Comments:

Is the applicant dependable and punctual?
Yes ________ No ________ Not able to judge ________

Comments:

Do you recommend the above student?

______ Highly and without reservation
______ Recommend (please include comments)
______ I do not feel comfortable recommending this student (please include comments)
______ I am not familiar with the qualifications of this student

Comments:

__________________________________ ____________________
Name (please print) Title/Department

__________________________________
Signature Date

__________________________________
Email Address Campus Phone #

Please return to:
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Calvin T. Ryan Library #223
Phone: (308) 865-8728
Academic Advisor for Supplemental Instruction Leader

Applicant: please complete this section

Applicant’s Student ID#: ______________________

Advisor's Name: __________________________________________ (please print the name of the person providing this reference)

Applicant’s Name: _______________________________________ has applied for the position of SI Leader. (applicant, please print your name)

Course for which applicant is seeking recommendation: __________________________________________________________

Advisor: please complete this and all sections following

For what major have you been the applicant’s advisor? __________________________________________________________

How long have you been the applicant’s advisor? ________________________________________________________________

How much contact do you have with the applicant? ______________________________________________________________

Is the applicant personable?
Yes ______ No ________ Not able to judge ________
Comments:

Is the applicant able to communicate the subject clearly?
Yes ______ No ________ Not able to judge ________
Comments:

Is the applicant enthusiastic and energetic?
Yes ______ No ________ Not able to judge ________
Comments:

Is the applicant interested in learning?
Yes ______ No ________ Not able to judge ________
Comments:

Do you recommend the above student?
_____ Highly and without reservation
_____ Recommend (please include any comments)
_____ I do not feel comfortable recommending this student (please include any comments)
_____ I am not familiar with the qualifications of this student
Comments:

Name (please print) __________ Title/Department __________

Signature __________________________ Date __________

Email Address __________________________ Campus Phone #

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UNK STUDENT AFFAIRS