

Office of Student & Multicultural Affairs

Supplemental Instruction Program SIP Leader Application



APPLICANT INFORMATION											
Last Name				First				M.I.		Date	
Mailing Address								Apartment/Unit#			
City				State				ZIP			
Primary Phone				E-mail Address							
Student ID#				Gender							
Campus enrolled:		<input type="checkbox"/> Augusta <input type="checkbox"/> Athens <input type="checkbox"/> Other: _____				U.S. Citizen:		YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Are you currently employed in any capacity with Augusta University or the University System of Georgia? If yes, please indicate current employment: Department: _____ YES <input type="checkbox"/> NO <input type="checkbox"/> Supervisor's Info: Name: _____ Phone: _____											
Do you anticipate continuing this employment during the summer?								YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Please note: If you are currently on Augusta University payroll, you must complete an EXTRA DUTY form. FAILURE TO DO SO COULD DELAY YOUR PAYMENT.											
NOTE: If approved to work as an SIP Leader, you will be able to provide a <u>maximum of 4</u> hours per week of academic assistance.											
PROGRAM OF STUDY											
<i>If currently enrolled in a health profession or graduate program, please give the name of the college, name of program, and the number of years enrolled in the program (including the current academic year).</i>											
College name		<input type="checkbox"/> Allied Health <input type="checkbox"/> Medicine <input type="checkbox"/> Graduate Studies <input type="checkbox"/> Nursing									
Program Name										# of years enrolled	
Please select your tutoring interests below (select all that apply):											
<input type="checkbox"/> SIP Leader (Small Group Tutoring) <input type="checkbox"/> Large Group Tutoring (Tutoring Tuesday/Test-prep Thursday)											
<input type="checkbox"/> ANAT 7300 (Summer)		Phase 1: <input type="checkbox"/> Anatomy <input type="checkbox"/> Biochemistry <input type="checkbox"/> Development <input type="checkbox"/> Histology <input type="checkbox"/> Physiology <input type="checkbox"/> Neuro									
Phase 2: <input type="checkbox"/> Clinical Medicine <input type="checkbox"/> Microbiology <input type="checkbox"/> Pathology <input type="checkbox"/> Pharmacology								OTHER: _____			
Previous experience Providing Academic Assistance or Instruction:											
Company/Organization				Position Held				From/To			
Description of duties											
Company/Organization				Position Held				From/To			
Description of duties											
FOR OFFICE USE ONLY : Rec'd by (initials): _____ Date Rec'd: _____ Entered: <input type="checkbox"/>											

Return Completed Application via to crwatts@augusta.edu (preferred) or in-person to Harrison Education Commons (GB) Suite 3300.

Call 706-721-5115 or email crwatts@augusta.edu with questions.