



Supplemental Instruction Instructor Interest Form

instructor Name:	Date:
Department:	FT: PT:
e-mail:	Phone#:
Office:	
Please list the classes that you would like an SI session for	•
would like as your SI Coach, please list identify that stude (*These are suggested, but not guaranteed. The final assignment of S	•
Course	
Course:(course number and name)	
SI Coach Name:	
Course:	
(course number and name)	
SI Coach Name:	
Course:	
(course number and name)	
SI Coach Name:	

Please return this form to Syria Purdom at spurdom@elcamino.edu or Denise Blood at dblood@elcamino.edu. Your interest is appreciated and every effort will be made to set up and SI section for the class(es) requested. If you don't have an SI Coach in mind, one will be carefully chosen and matched with you and the class.

Thank you.