

**WRITING INTENSIVE DESIGNATION
ACADEMIC SUPERVISOR APPROVAL FORM**

NEW Designation for ENTIRE Course

Name: _____ **Department:** _____

Faculty Status: ☐ Tenured/Tenure-track ☐ Full-time Non-Tenure-Track ☐ Adjunct

Applicant Email: ☐ SLCC Outlook or _____
(alternative account)

Course Prefix & Number: _____ **Course Name:** _____

Modalities:

- ☐ All modalities
☐ In person
☐ Online
☐ Broadcast
☐ Hybrid

I request that the course named above be designated as Writing Intensive. I understand that, during the approval process, I may be asked to make modifications to this application, syllabus, or other materials in order to meet the requirements.

Applicant

Date

Academic Administrator Approval

By signing this, I acknowledge that if the application is approved by the SLCC Writing Intensive Designation Committee, the following will occur:

- 1) Any faculty member (full-time or adjunct) teaching section(s) of the above-named course will receive an additional contact hour for each section on their faculty load form or adjunct contract.
- 2) The faculty member will spend that additional contact hour consulting with students in the Student Writing & Reading Center.
- 3) The faculty member may opt out of consulting in the Student Writing & Reading Center. If so, they will not receive the additional contact hour(s).
- 4) All sections of the course will be capped at 25 students.

Associate Dean/Department Chair Signature _____

Name: _____

Date _____