**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_