**WRITING INTENSIVE DESIGNATION**

**Academic Supervisor Approval Form**

**NEW Designation for SECTIONS of a 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 my sections of the above course be designated as Writing Intensive. I understand that, during the approval process, I may be asked to make modifications to my proposal, syllabus, or other materials in order to meet the requirements for this application.

Applicant Date

Academic Administrator Approval

By signing this, I acknowledge that if the above-named faculty member’s application is approved by the SLCC Writing Intensive Designation Committee, the following will occur:

1. The above-named faculty member will receive an additional contact hour on their FT faculty load form or adjunct contract for each section of the above-named course when they teach it. (Instructions will be provided by the WAC director.)
2. The faculty member will spend the additional contact hour(s) consulting with students in the Student Writing & Reading Center on a weekly basis.
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.
4. The sections of the course that carry the Writing Intensive designation will be capped at 25 students.

Associate Dean/Department Chair Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_