## WRITING INTENSIVE DESIGNATION ACADEMIC SUPERVISOR APPROVAL FORM

## NEW Designation for SECTIONS of a Course

Name:			_Department:		_
Faculty Status:   Ten	nured/Tenure-track	□ Full-time No	n-Tenure-Track	□ Adjunct	
Applicant Email:	□ SLCC Outlook	or			
			(alternative account)		
Course Prefix & Nu	mber:	Course Nam	ne:		_
Modalities:					
All modalities					
In person					
Online					
Broadcast					
Hybrid					
requirements for this a	application.			<b>D</b> ate	
пррисанс			1	Pate	
	Α	cademic Admir	nistrator Approval		
	owledge that if the above Committee, the follows:		member's application	on is approved by the SLCC Writ	ing
	each section of the above			on their FT faculty load form or Instructions will be provided by	
2) The faculty m	nember will spend the a	dditional contact	hour(s) consulting v	with students in the Student Writi	ing &
	ter on a weekly basis.	consulting in the	Student Writing & 1	Reading Center. If so, they will no	nt.
	lditional contact hour.	consuming in the	Student whiling &	reading Center. If 50, they will no	,,
4) The sections	of the course that carry	the Writing Inte	nsive designation wi	ll be capped at 25 students.	
Associate Dean/Depar	tment Chair Signature _				
Name:			Γ	<b>D</b> ate	