

GRAMBLING STATE UNIVERSITY

INCREASING THE NUMBER OF STEM GRADUATES (INSG) Program

SUPPLEMENTAL INSTRUCTION APPLICATION

ELIGIBILITY REQUIREMENTS

- 1. Must have a cumulative grade point average of at least a 3.0
- 2. Must have earned at least a grade of B in supplemental instruction course
- 3. Dependable
- 4. Good communication skills
- 5. One letter of recommendation from the faculty member that taught the supplemental instruction course
- 6. Must have free time during the evening hours that can be used for the supplemental instruction sessions
- 7. Financial Aid Budget must be able to accommodate a Stipend

Please submit all application material to:

Dr. Connie Walton Program Director Long-Jones Hall, Suite 133-A Grambling State University GSU Box 4288 Grambling, LA 71245 (318) 274-6141



INSG SUPPLEMENTAL INSTRUCTION APPLICATION

. Name:								
(Last)	(First)	(Middle)		(Maiden)				
2. Social Security No.:								
3. Campus Address Box No	o.:	4.	Campus Tel. #					
. Local Address:			_					
(City)		(State)	(Zip)					
. Local Phone:								
. Parent/Guardian Name: _								
. Permanent Home Address	ss:							
	(Number & Street)							
(City)	y) (State)		(Zip)					
. Permanent Home Phone:	·							
0. E-Mail Address:								
1. Date of Birth:								
(Mont	th)	(Date)	(Year)					
2. Male/Female:								
5. Are you receiving funding	ng from another resea	rch program: Yes	No					
3. If yes please specify:								
Name of research program	Prog	ram Director						
a)								
b)								
c)								
4. List all colleges/universit	ties at which you hav	e taken courses.						
College/University		City/State	Dates Attende From –To	d				
								

15.	. Major Area of Study:			
16.	. Classification FR	SP	JR	SR
17.	. GPA in Major Area			
18.	. Cumulative grade point	average:		
19.	. Expected Graduation Da	ıte:		
20.	. Identify the course you v	would like to serve as	s a Supplemental Instructor (M	ATH 147, MATH 153 or PHYS
	151)			
21.	Please provide one letter	of recommendation	(Rating Form Provided)	
	List below the person yo	ou have requested to o	complete the rating form for ye	ou.
	Name	Add	lress/Telephone #	
	,			
22				
<i>LL</i> .	of law? Yes	-	-	l, or convicted of a crime in a court
	23. Statement of Agreen	nent·		
	_	Instructor, I agree to abid	de by all rules of this program and th	ne Honors Code of the University. In
	Name (Please print)		Signature	Date
	24.			
	Your application packag	ge must be completed	and returned by the due deadl	ine date if it is to be considered. Be
	sure to make a copy of the	he application for you	urself and return the whole app	plication package to Dr. Walton in
	Long-Jones Hall, Suite 1	33-A. The complete	ed application package consists	s of:
	A. Complete signed app	olication		
	B. One letter of recomm		n provided).	
	C. GSU Transcript			

INSG SUPPLEMENTAL INSTRUCTION

Faculty Recommendation Form

Applicant's Name (Please print)					
To be completed by the Faculty me	ember:				
Name and Title(Signature)					
Organization	Telephone				
How long have you known the app	licant and in wl	nat capacity?			
Please rate the applicant in the foll	lowing areas by	checking the ap	opropriate cate	gory:	
	Below Average	Average	Very Good	Excellence	Don't Know
Academic Performance					
Intellectual Performance					
Creativity and Originality					
Independence					
Leadership					
Motivation for Graduate School					
Laboratory Skills					