Why do you feel that SLA support is needed for this course?

Course Information

Course Name: ______________________________________________
Course Number: ____________________________________________

Course Instructor

Name: _______________________________________________________
Email Address: ______________________________________________
Phone Number: ______________________________________________

Is this course historically a high-risk-for-failure course?

Is this course part of a sequence that, if failed, will disrupt or end progression through a program?

Do you have an individual whom you would like to recommend to the SLA program supervisor as an SLA facilitator for this course?

Please return this form to Karen Royster-James, SLA Program Supervisor, FLT 123.