

**CARES Funded Supplemental Instruction
Request Form
2020 - 2021**

**This form is to be completed when requesting approval for Supplemental Instruction assistance.
All sections must be completed prior to submitting for review.**

COURSE NAME:

SECTION NUMBER(S):

RECOMMENDED INSTRUCTOR(S):

ESTIMATED NUMBER OF HOURS:

NAME:

Signature:

Printed Name of Dean:

Signature of Dean: