SLA Course Proposal Form

**Course Information**
Course Name: ______________________________________________
Course Number: ______________________________________________

**Course Instructor**
Name: _______________________________________________________
Email Address: ________________________________________________
Phone Number: ________________________________________________

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

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, ASC 1017