

SUPPORTED LEARNING GROUPS STUDENT LEADER APPLICATION FORM

Name:	Address:
Student ID#:	
Email:	Program and major:
Phone #:	Year & term of graduation:
	and winter terms. As we only hire and train once a year, port a class in both the fall and winter terms.
Please indicate your availability to be an SLG	Leader:
Only Fall 2024	Only Winter 2025 both
2. Are you planning to take a practicum or co	o-op in Fall 2024 or Winter 2025?
3. I am confident with my abilities in the folloto preference & indicate grade achieved alor 1.	owing subjects and courses (please list courses according ng with faculty you took the course with): 4.
2.	5.
3.	6.
A, A+) in whatever course that leader is supp	pective leaders as well as an expectation of an A grade (A, porting. In order to verify this, we pull students dential and only used by the SLG leadership team to
Do you give us permission to check your transprogram?	script for the purposes of participating in the SLG
YES NO	
5. If selected, will you be able to attend the S	SLG leader training on Aug 28, Aug 29 and Sept 7?
YES NO	UNSURE
If you indicated "unsure" please explain:	

^{*}Please be aware that this training is mandatory to be an SLG leader