  

**TWC&LEC Faculty Volunteer Program**

The UoN encourages the involvement of its faculty in providing additional academic support opportunities to learners in aims of improving students’ success and achievement. In the event that respected faculty members would like to volunteer their time and provide supplementary academic or remedial workshops related to Arabic, English, French, or German academic courses at TWC/LEC, please kindly complete the following form for effective the implementation and documentation related to academic support services.

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| **TO BE COMPLETED BY FACULTY** | | | |
| Faculty Member’s Name |  | | |
| Email Address |  | | Ext #: |
| College | CPN □ CAS □ CEMIS □ CEA □ FI □ | | |
| Academic Course Code: |  | Expected # of Students |  |
| Academic Course Name: |  | | |
| Focus of Workshops |  | | |
| Frequency of Class | Once a week □ Twice a week □  Three times per week □ Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Duration of Workshops | 1 Week □ 2 Weeks □ 3 Weeks □ 4 Weeks □  Other □ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Workshop Starting Date: |  | Workshop Finishing Date: |  |
| Do you want reserve TWC/LEC’s Workshop Area to conduct your workshop | | Yes □ | No □ |
| If yes, which time between 12:00pm to 4:00pm would you would you like to reserve the Workshop Area? | | 12-1 □ 1-2 □ 2-3 □ 3-4 □ | |
| Date: | | Faculty Signature: | |
| **TO BE COMPLETED BY TWC/LEC ADMINISTRATION** | | | |
| Confirmed booking of TWC/LEC Workshop Area | | | |
| TWC/LEC Stamp: | | | |