Distance Learning Development Request Form

Faculty Member:		Date:	
Department:			
Instructions: Each area below must be or Please add pages as needed to provide to	-	•	to be considered.
Course Name: Credit Hours: Course Description: Expected Class Size Cap: 25			
If this is a new course please answer the formula Has your Department and the Curricul If yes, please attach the supporting door If no, contact Department and Curricul	um Committee cumentation.	• •	course? Yes No
Is this your first distance learning course?	Yes No		
During what semester do you intend to de When do you plan to first offer this course How many semesters in an academic year	?		course?
Will this course be offered fully on-line or	as a hybrid?	Online	Hybrid
If Hybrid; Credit hours on-line			
Credit hours on-site			
What resources will you need to complete	this project? (Equipment, sof	tware, training etc.)
Does faculty member require training?	Yes	No	
Do these resources require additional fund	ling or support	other than the	development stipend?

What do you believe participants will learn from your completed project? (Objectives)			
How will you know that participants have achieved proje	ect objectives? (Assessment)		
Describe your student interaction plan including propose chat, etc.)	d time frames (E-mail, discussion board,		
All courses are required to be completed 2 weeks prior to semester the course is offered. You will be required to m Learning throughout the development of your course to e the course design is required 2 weeks prior to the beginning	neet with the Director of Distance ensure completion. A quality review of		
Faculty Signature	Date		
Center Dean	Date		
Director of Educational Technologies Signature	Date		
Vice President of Learning and Academic Affairs Signatu	ure Date		