

Application for Online Course Development

Section One. To be completed by faculty member. Please answer all questions.

Upon completion, electronically sign the application and forward it your department chair.

1. Faculty Information

Name _____

Email _____

Phone _____

Employment Status Full Time Adjunct Staff

Are you certified to teach online at UCO?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Have you completed a previous course design?	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
Please rate how familiar you are with the technology used in online courses?	<input type="checkbox"/> Very
	<input type="checkbox"/> Somewhat
	<input type="checkbox"/> Not at all

2. Departmental Information

College _____

Department _____

Chair's Name _____

Chair's Email _____

3. Course Information

Prefix/Number _____

Course Title _____

Course Delivery Format (select one)	<input type="checkbox"/> Online
	<input type="checkbox"/> Hybrid

Frequency of Course Offering (select one)

- once per year
- multiple times per year
- every other year

This course is (select one)	If existing (select one)
<input type="checkbox"/> New	<input type="checkbox"/> Significant revision
<input type="checkbox"/> Existing (see right)	<input type="checkbox"/> Expiring course

Please attach a copy of the syllabus for existing courses.

4. Course Demand. Please select the following items that apply to this course for proposed development.

- Requires multiple section offerings each term
- Strong demand from students for online course
- Strong or emerging market demand
- Course is part of a series being developed
- Course is used in multiple programs

5. Course Role. Please select the following items that apply to this course for proposed development.

- University Core course
- Introductory course
- Major requirement
- Major elective

6. Course Innovations. Please select which of the following items apply, if any, to this course design.

- Low or no-cost (OER) textbook/course materials
- Transformative Learning (TL)
- Blended Learning initiative(s)

In addition to the criteria on this form, please briefly provide any additional justification for this course development.

7. Course Design Type

- Full
- CeCE
- Conversion

Faculty Signature _____

Date _____

Section Two. To be completed by Chair. Please complete the following fields and forward to Dean’s Office for review.

This course design proposal is (select one):

Please prioritize this course design, specifically in relation to your department’s course offering vision/strategy.

- High Priority
- Medium Priority
- Low Priority

Approved

Please describe how this course development will support your department.

Please state which semester this course, once designed, will first be offered: _____

Denied
(return form to instructor)

Reason for denial *(optional)*:

Chair’s Signature _____ Date _____

Section Three. To be completed by Dean’s Office. Please review this form and complete the following.

Approved *(Please forward to CeCE via email cece@uco.edu or Campus Mail Box 170.)*

Priority *(select one)*

- High
- Medium
- Low

Denied *(Please return to Chair)*

Dean’s Signature _____ Date _____