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 _____

Are you certified to teach online at UCO?	☐ Yes ☐ *No*
Have you completed a previous course design?	☐ Yes ☐ *No*
Please rate how familiar you are with technology used in online courses?	☐ *Very* ☐ *Somewhat* ☐ *Not at all*

2. Departmental Information

College _____

Department _____

Chair's Name _____

Chair's Email _____

3. Course Information

Prefix/Number _____

Course Title _____

Course Type for Design *(select one)*
- ☐ Online
- ☐ 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)*
☐ New ☐ Existing *(see right)*	☐ Significant revision ☐ Expiring course **Please attach a copy of a recent 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
- ☐ Non-UCO students (course is taken to meet degree requirements for another school)
- ☐ Course usually has issues meeting enrollment requirements

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

- ☐ University Core course
- ☐ Introductory course
- ☐ Capstone course
- ☐ Major requirement
- ☐ Major elective
- ☐ Bottleneck course
- ☐ Gatekeeper course

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

- ☐ Low or no-cost textbook/course materials
- ☐ Transformative Learning (TL)
- ☐ Blended Learning initiative(s)
- ☐ Adobe Connect
- ☐ Virtual Reality/Gamification/High Tech
- ☐ First in the discipline

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

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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):

☐ **Approved**

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

☐ High Priority
☐ Medium Priority
☐ Low Priority

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 _____