

DIVISION OF EXTENDED STUDIES: E- LEARNING PROPOSED COURSE OFFERING FORM

SPRING SUBMISSION DEADLINE: September 7th
SUMMER and FALL SUBMISSION DEADLINE: February 25th

School/Department: _____ Chairperson: _____

Business Phone: _____ E-mail: _____

Course Prefix & Number: _____ Section Number: _____

Course Name: _____ Credit Hours: 1 [] 2 [] 3 [] 4 [] 6 [] 12 []

Is this a restricted course? [] Yes or [] No

If you answered yes, who is authorized for approval i.e Chair, Dean, Advisor? _____

Is the course developed for online delivery? [] Yes or [] No

1. Proposed Dates for Development/Training: Semester _____ Year _____
2. Proposed Dates for offering the course: Semester SM1 SM2 DUAL FALL SPRING
Year _____
3. Faculty Member Responsible for Developing the Course _____
4. Has the Course Developer attended Applying the Quality Matters Rubric Training? [] Yes [] No

State the last academic semester the course was offered: _____

Course Delivery Mode: Face-to-Face [] Online [] Teleconference []

Site Location: _____ Day & Time: _____

Required Class or Log-On Day & Time: _____

Prerequisites/Co-requisites: _____

Textbook Policies – Higher Education Opportunity Act: The department/faculty are responsible for submitting the textbook information at the time the course schedule is submitted online. The information to be disclosed on the course schedule for required, recommended textbooks and supplemental materials include the ISBN# and Retail Price. If the ISBN# is not available the following information is required: Author(s) (First & Last Name), Title, Publisher, and Year.

1. Are you using Blackboard Collaborate for the course? [] Yes or [] No

2. What is the Equipment & Software requirement(s) for the student?

3. Are you requiring Proctored Exams for the course? [] Yes or [] No

4. Are you using Respondus Monitor? [] Yes or [] No

Note: Students must have a Webcam & Recorder to use Respondus Monitor.

5. Are you using LockDown Browser in the testing environment in Blackboard?[] Yes or [] No

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Note: Students are unable to print, copy, go to another URL, access other applications or close a test until it is submitted for grading.

- 6. Are you requiring students to utilize the Writing Studio? [] Yes or [] No
- 7. At any time, are students required to attend class on NCCU campus for the course?[] Yes [] No
 - If yes, please list date, time and location _____
- 8. Are students required to attend class at an off-campus location for the course? [] Yes or [] No
 - If yes, please list location (address, building and room #) _____

THIS SECTION MUST BE COMPLETED BY THE DEPARTMENT CHAIR

Assigned Instructor: _____ **Instructor E-mail:** _____

Instructor Business Phone: _____ **Instructor Home Phone:** _____

Is the assigned instructor a New Adjunct Faculty member? Yes [] No []
If you answered yes, please attach most recent vita, official transcripts, DE Data Form, Criminal Background Check Form & EPA Faculty and Data Application.

Has the assigned instructor taught an online class at NCCU? [] Yes No []

Does the instructor work full time for another state agency? Yes [] No []
If you answered yes, then please identify the state agency: _____

Is the instructor a NCCU SPA employee? Yes [] No []
If you answered yes, then please attach the EPA Employment of SPA Personnel Questionnaire Form & SPA Permanent Employees Teaching Class Guidelines and Form.

Is the instructor a 12 month employee? Yes [] No []
If you answered yes, then please attach a letter of justification on why this employee is the only available faculty to teach the course.

Is this course an in-load for the instructor (full-time NCCU faculty)? Yes [] No []

Is this course an overload for the instructor (full-time NCCU faculty)? Yes [] No []

Chairperson's Signature _____ **Date** _____

Dean's Signature _____ **Date** _____

Division of Extended Studies Director's Signature _____ **Date** _____

PLEASE RETURN COMPLETED FORMS TO
Division of Extended Studies, Attn: Paulette Morrison-Danner
H.M. Michaux, Jr., School of Education, Room 2051
Phone: 919-530-7442 Fax: 919-530-5220 Email: pscotton@nccu.edu

Approved _____ Disapproved _____ Date Department Notified _____

Date Received _____ Processed By _____ Date Processed _____ CRN# _____