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

SUMMER and FALL SUBMISSION DEADLINE: February 9th
SPRING SUBMISSION DEADLINE: September 7th

School/Department: ___________________________ Chairperson: ___________________

Business Phone: _______ E-mail: ________________________________

Course Prefix & Number: ____________ Section Number: ________________

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

Prerequisites/Co-requisites: ________________________________

Term (circle): SMI SMII DUAL FALL SPRING MINI SESSION I MINI SESSION II

Year________

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

If NO, please contact the Office of E-Learning, Dr. Racheal Brooks at rmbrooks@nccu.edu

1. Proposed Dates for Development/Training: Semester ______ Year _______________

2. Faculty Member Responsible for Developing the Course __________________________

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

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

State the last academic semester the course was offered: ________________

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

Site Location: VGCC [ ] WTCC [ ] Other: ___________ Day: _______ Time: _______

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

• Required BB Collaborate or Webex Log-On Day and Time: ______________________

2. Are you using WebEx for the course? [ ] Yes or [ ] No

• Required BB Collaborate or Webex Log-On Day and Time: ______________________

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

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

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

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

6. Are you using LockDown Browser in the testing environment in Blackboard? [ ] Yes or [ ] No
Note: Students are unable to print, copy, go to another URL, access other applications or close a test until it is submitted for grading.

7. Are you requiring students to utilize the Writing Studio? [ ] Yes or [ ] No

8. 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

9. 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 and/or DEAN

Assigned Instructor: ___________________________ Instructor Contact #: ___________________________

Is the assigned instructor an Adjunct Faculty member? Yes [ ] No [ ]
If you answered yes, the academic department is responsible for initiating the Hiring Proposal via PeopleAdmin & securing DE funds.

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, the academic department is responsible for initiating the CP30 forms and securing DE funds.

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 (supplemental Compensation) for the instructor (full-time NCCU faculty)? Yes [ ] No [ ]
If you answered yes, the academic department is responsible for initiating the contract and securing DE funds.

Chairperson’s Signature ___________________________ Date ___________

Dean’s Signature ___________________________ Date ___________

Division of Extended Studies Director’s Signature ___________________________ Date ___________

PLEASE RETURN COMPLETED FORMS TO

EXTENDED STUDIES WILL NOT ISSUE FUNDING FOR AFTER THE FACT CONTRACTS. 1.30.17
IF FORMS ARE SUBMITTED AFTER THE DEADLINE, PLEASE ALLOW 3-5 DAYS FOR PROCESSING.
SUMMER and FALL SUBMISSION DEADLINE: February 9th
SPRING SUBMISSION DEADLINE: September 7th

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# ______________

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