

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

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.**

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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.

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

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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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