Undergraduate *Online* Course Proposal
Cover Sheet

For Provost's Office Use
Effective Term: _____

SUMMARY INFORMATION

SCHOOL/COLLEGE: ❑ Business ❑ Education ❑ Fine & Performing Arts ❑ Liberal Arts & Sciences ❑ Science & Engineering

DEPARTMENT: _____ **COURSE NUMBER:** _____
(assigned by dept. or Rec & Reg)

COURSE TITLE: _____ **PROPOSED EFFECTIVE TERM:** _____

PROPOSER'S NAME (print)**:** _____ Signature: _____

Is this course currently offered in conventional (seated) format? ❑ Yes ❑ No

***If yes,* is the seated course required in a program leading to teacher certification?**
❑ Yes (School of Education approval required; see below.) ❑ No

If yes, please indicate the sponsoring Education department and the subject area(s):
❑ Elementary Ed. ❑ Secondary Ed. Subject area(s):_____

***Existing* Course Attributes:** If course is currently offered in conventional (seated) format, please indicate all course attributes. (Online course will retain these attributes.)
Liberal Arts? ❑ Yes ❑ No
Writing Intensive? ❑ Yes ❑ No
General Education? ❑ Yes ❑ No
If yes, GE category (see list below): _____
GE competency/ies (see list): _____

***Proposed* Online Course Attributes:** If course is new and proposed for direct online delivery, please indicate all proposed course attributes.
Liberal Arts? ❑ Yes ❑ No
Writing Intensive? ❑ Yes *(Writing Bd. approval needed)* ❑ No
Gen'l Education? ❑ Yes *(GE Narrative Supplement needed)* ❑ No
If yes, GE category (see list below): _____
and competency/ies (see list): _____

GE categories: ART, COMP, DIVR, FLNG, HUM, MATH, NSCI, SSCI, USST, WEST, WRLD **Competencies:** EEA, EEO, EEW, ER, IL, SI

CONSULTATION

Place a check in the box to confirm:
❑ I (proposer) have consulted the **Collections Development Librarian** and verified that the library's collection supports the course.
❑ I (proposer) have consulted **Academic Computing** and verified that adequate technical support is available.

If other departments will be affected by the proposal to offer this course online, or if the seated course is cross-listed, please consult the appropriate department(s) and obtain the signatures of the chair(s) concerned.

Dept.: _____ /Chair's Signature: _____ Date: _____

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REQUIRED APPROVALS

Chair, Originating Dept.: _____
⇩ **Signature & Date**

Presiding Officer, School/ College Governing Body: _____
⇩ **Signature & Date**

Academic Dean: _____
Signature & Date

⇩ **unless course is in a teacher-education program, then** ⇨

Chair, Curriculum Committee:

_____
Signature & Date

⇩

Provost/Vice President, Academic Affairs:

_____
Signature & Date

If this course is required in a program leading to teacher certification, please obtain the following additional approvals from the School of Education:

Chair, Sponsoring Dept.: _____
Signature & Date

Chair, Education Council: _____
Signature & Date

Dean, School of Education: _____
Signature & Date

(to Curriculum Committee)

Course Recording:
Records & Registration (signature): _____ Date entered in Course Master File: _____