

FITCHBURG STATE COLLEGE

Graduate and Continuing Education

DISTANCE LEARNING COURSE DEVELOPMENT PROPOSAL

The Distance Learning Course Development Proposal Form must be completed by the faculty member responsible for developing the course. The purpose of this form is to begin the development process. The developer specifies and describes the nature of the course to be developed and secures all required signatures.

To be Completed by the COURSE DEVELOPER

Name: _____

Phone Number: _____ Department: _____

Email: _____

Course Title: _____ Semester Hours: _____

Course Level: Graduate Undergraduate Course Prefix & Number: _____

If this course is an undergraduate liberal arts and sciences course, which core requirements does this course satisfy?

(Check all that apply) The Arts Citizenship and the World Science, Math and Technology Global Diversity

Does this course satisfy requirements of a major? Yes No If yes, what major(s)?: _____

Course Development Timeline: _____

Semester to be Offered Fall Spring Summer Winter Year: _____

What course materials will be needed to provide this course through distance learning? (Check all that apply)

Textbook Video CD-ROM Software Equipment Other: _____

Which of the above items would be at the student's expense? All None Other: _____

I request approval for the development of the distance learning course as detailed in this form. I understand that I have a maximum of one year from the Dean's approval to complete this course.

Faculty Course Developer Signature: _____ Date: _____

Faculty Course Developer Printed Name: _____

Remuneration Requested: Stipend

Note: Course must be ready for review four (4) weeks prior to the start of the semester to be offered.

—See Over/Next Page for Required Signatures—

To be Completed by the Program Chair/Manager

I approve the development of the distance learning course as detailed in this form.

Program Chair/Manager Signature: _____ Date: _____

Program Chair/Manager Printed Name: _____

To be Completed by the DEPARTMENT CHAIR

I approve the development of the distance learning course as detailed in this form.

Department Chair Signature: _____ Date: _____

Department Chair Printed Name: _____

To be Completed by the Distance Learning Coordinator

I approve the development of the distance learning course as detailed in this form.

Distance Learning Coordinator's Signature: _____ Date: _____

Distance Learning Coordinator's Printed Name: _____

To be Completed by the DEAN

I approve the development of the distance learning course as detailed in this form.

Dean's Signature: _____ Date: _____

Dean's Printed Name: _____

*One copy filed in the Distance Learning Office and a copy forwarded to the:

*Course Developer
Department Chair
Program Chair/Manager*