

FITCHBURG STATE COLLEGE

Graduate and Continuing Education

**DISTANCE LEARNING
FINAL APPROVAL/COURSE INITIATION**

To be Completed by the COURSE DEVELOPER

Name: _____

Phone Number: _____ Department: _____

E-mail: _____

Course Title: _____ Semester Hours: _____

Course Level: Graduate Undergraduate Course Prefix & Number: _____

Comments: _____

I have reviewed the completed distance learning course and certify that it includes all content and materials required by governance approval and catalog description.

Faculty Signature: _____ Date: _____

Faculty Printed Name: _____

To be Completed by the PROGRAM CHAIR/MANAGER

I have reviewed the completed distance learning course and certify that it includes all content and materials required by governance approval and catalog description.

Comments: _____

Program Chair/Manager Signature: _____ Date: _____

Program Chair/Manager Printed Name: _____

To be Completed by the DEPARTMENT CHAIR

I have reviewed the completed distance learning course and certify that it includes all content and materials required by governance approval and catalog description.

Comments: _____

Department Chair Signature: _____ Date: _____

Department Chair Printed Name: _____

To be Completed by the Distance Learning Coordinator

Distance Learning Coordinator's Signature: _____ Date: _____

To be Completed by the Dean

Dean's Signature: _____ Date: _____

File this form with Departmental accreditation materials.
Begin normal course scheduling processes.