



Distance Education Course Data Form

Course Information				
Instructor				
Course Title				
Course	Course Code and Number	Section(s)	Credits/Contract Hrs	Semester
Scheduling Information				
	<input type="checkbox"/> New Web Course	<input type="checkbox"/> New ITV Course		
Delivery Method	<input type="checkbox"/> Web-based	<input type="checkbox"/> ITV /Videoconferencing		
		Origination Site:		
		Receiving Site:		
		Day (s)		
		Time (s)		
Dates previously taught	<i>Provide dates that this course was taught via DE during the past 5 years.</i>			
Class Size				
Training	<input type="checkbox"/> I have completed training in distance education or in the use of a technology as approved by an appropriate University official. Please specify type of training:			
Evaluations	<input type="checkbox"/> Please administer student evaluations if not required for me this year.			
Signatures				
Faculty:		Date:		
Chairperson:		Date:		
Director of Distance Ed		Date:		
Dean:		Date:		
Provost:		Date:		