

# Application for Online Course Development

**Section One.** To be completed by faculty member. Please answer all questions.

Upon completion, electronically sign the application and forward it to your department chair.

## 1. Faculty Information

Name \_\_\_\_\_  
 Email \_\_\_\_\_  
 Phone \_\_\_\_\_

Employment Status  Full Time  Adjunct  Staff

Are you certified to teach online at UCO?  Yes  
 No

## 2. Departmental Information

College \_\_\_\_\_  
 Department \_\_\_\_\_  
 Chair's Name \_\_\_\_\_  
 Chair's Email \_\_\_\_\_

## 3. Course Information

Prefix/Number \_\_\_\_\_  
 Course Title \_\_\_\_\_

Course Delivery Format/Design Type  Online  
 Hybrid  
 SPOC  
 Conversion

Frequency of Course Offering (*select one*)

- once per year  
 multiple times per year  
 every other year

This course is ( <i>select one</i> )	If existing ( <i>select one</i> )
<input type="checkbox"/> New	<input type="checkbox"/> Significant revision
<input type="checkbox"/> Existing ( <i>see right</i> )	<input type="checkbox"/> Expiring course

Please attach a copy of the syllabus for existing courses.

Faculty Signature \_\_\_\_\_

## 4. Course Demand

Please select the following items that apply to this course for proposed development:

- Course is part of a 100% online degree program  
 Course is used in multiple programs  
 Requires multiple section offerings each term  
 Strong or emerging market demand

## 5. Course Role

Please select the following items that apply to this course for proposed development:

- University Core course  
 Introductory course  
 Major requirement  
 Major elective

## 6. Course Innovations

Please select which of the following items apply, if any, to this course design:

- Low or no-cost (OER) textbook/course materials  
 Transformative Learning (TL)  
 Blended Learning initiative(s)

In addition to the criteria on this form, please briefly provide any additional justification for this course development.

Date \_\_\_\_\_

**Section Two.** To be completed by Chair. Please complete the following fields and forward to Dean's Office for review.

Please prioritize this course design, specifically in relation to your department's course offering vision/strategy.

- Priority #1 – Course is part of a 100% online degree program
- Priority #2 – Course is expired or expiring soon and it has a significant credit hour production
- Priority #3 – Course is new and not a part of a 100% online degree program

Approved

Please state which semester this course, once designed, will first be offered: \_\_\_\_\_

Reason for denial (*optional*):

Denied (*Please return to instructor*)

Chair's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Section Three.** To be completed by Dean's Office. Please review this form and complete the following:

**Approved** (*Please forward to CeCE via email [cece@uco.edu](mailto:cece@uco.edu) or Campus Mail Box 170*)

- Priority #1 – Course is part of a 100% online degree program
- Priority #2 – Course is expired or expiring soon and it has a significant credit hour production
- Priority #3 – Course is new and not part of a 100% online program

**Denied** (*Please return to Chair*)

Dean's Signature \_\_\_\_\_

Date \_\_\_\_\_