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| **Distance Education Proposal: Approval to Deliver** | | | |
| Any course in which more than 50 percent of instruction occurs when the student(s) and instructor(s) are not in the same place is considered a Distance Education (DE) course. A course in which 50-85 percent of course activities take place with the student(s) and instructor(s) not in the same place is considered a “Hybrid” or blended course. Like other DE courses, hybrid courses require review and approval by the Distance Education Committee (DEC). Approval allows these courses to be listed in the *Schedule of Classes* and for necessary fees to be attached. Submission of this form is required if a course has been previously approved but has undergone substantive revision. If approval is not gained at least 2 weeks prior to the first day of the course, then the course cannot be delivered in the semester and should be closed for registration. If this request is submitted later than six months prior to its planned start date, approval to deliver will depend upon there being sufficient time to complete the review process and place it on the DEC agenda for consideration. | | | |
| **Course Developer Information** | | | |
| Name: | | Contact Phone: | |
| School/College/Program: | | Email: | |
| **Course Information** | | | |
| Course Prefix and Number: | | Credit Hours: | |
| Course Title: | | School/College/Program: | |
|  | | Department/Unit: | |
| Intellectual Property Category (see [UNTHSC Policy 08.102](https://www.unthsc.edu/administrative/wp-content/uploads/sites/23/Policy___Intellectual_Property.pdf)): | | | |
| Is this course activity a hybrid (blended) course or will it be delivered fully online? | | | |
| List all instructors scheduled to teach this course: | | | |
| How many teaching assistants are planned for this course? | | | |
| If applicable, what degree/certificate program is this course a part of? | | | |
| Please indicate the nest offering of this course: Semester\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_ | | | |
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| Has this course been approved by the College/School curriculum authority? | Y/N | If the same or similar course is delivered on campus, do prerequisites for enrollment differ? | Y/N |
| Is this course/activity is already listed in the existing school/college course inventory? | Y/N | If the same or similar course is delivered on campus, do completion requirements differ? | Y/N |
| Has this course undergone a [Quality Matters](https://www.unthsc.edu/center-for-innovative-learning/quality-matters-program) (QM) review before?  When? | Y/N | Will enrolled students be afforded access to student services that are appropriate to support learning? | Y/N |
| Have all instructors scheduled to teach in this course completed training to teach online? | Y/N | Is there a plan in place to have all teaching assistants complete training (e.g. “TA Boot Camp”) before being assigned to the course? | Y/N |
| Are academic standards in this course equivalent/like those in other similar courses in the school/college? | Y/N | Other than standard distance education fees, are any other fees planned for this course?  What fees are planned? | Y/N |

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| **Course Design and Delivery** | | | |
| As the course developer/director, please affirm the following good teaching practices have been incorporated into the design and delivery of this course. Please attach a copy of the current syllabus to the email when submitting this form. | | | |
| **Y** | **N** | **Criteria** | |
|  |  | Are you the lead instructor for this course? | |
|  |  | Are learning outcomes appropriate to the rigor and breadth of the degree or certificate awarded? | |
|  |  | Are learning outcomes and assessments comparable to those in similar course(s)? | |
|  |  | Is this course comparable to similar campus-based courses for credit hours earned? | |
|  |  | Was the course developed in alignment with Quality Matters standards? | |
|  |  | Does this course comply with policy regarding online course accessibility?  (For more information, see [Course Accessibility Policy](https://www.unthsc.edu/center-for-innovative-learning/online-and-blended-course-accessibility-policy/) [https://wp.me/p6v6ZN-1YX]) | |
|  |  | Will students require access to specialized support services (e.g., labs, equipment) on campus? | |
|  |  | Is the technology used in this course appropriate to the nature and outcomes of the course? | |
|  |  | Are there any mandatory on-campus class meetings (e.g., orientations, exams, lectures)? | |
|  |  | n/a | Are all on-campus meetings/requirements published in the *Schedule of Classes* (Catalog)? |
|  |  | n/a | Are all on-campus meetings/requirements published in resources used to recruit students? |
|  |  | n/a | Can students access all required materials without physically visiting the campus? |
|  |  | Is there a plan to evaluate/analyze course activities/grades relative to student retention? | |
|  |  | Is there a plan to evaluate/analyze course activities relative to student satisfaction? | |
|  | | | |
| 1. Provide a brief description or list of activities planned for student-to-student, student-to-instructor, and student-to-content interactions intended to promote achievement of the learning outcomes. | | | |
| 2. Describe the activities used to evaluate and analyze student retention, satisfaction, and course effectiveness. | | | |
| 3. Describe the activities that support academic integrity related to course assessments. | | | |
| 4. Where in the course materials are students informed that access is restricted to registered students only? | | | |
| I am requesting approval to deliver the above distance education course/activity. I affirm the information provided is accurate and complete. I understand approval to deliver this course is contingent upon successfully meeting the [Principles of Good Practice (PGP) and Quality Matters (QM)](https://www.unthsc.edu/center-for-innovative-learning/quality-of-course-design-at-unthsc/) requirements. I am aware that approval requires satisfactory completion of a review by CIL personnel and approval by the Distance Education Committee (DEC). I am aware that sufficient time must be allowed to complete this review prior to the first date of registration for the course. I am aware that CIL review must be completed prior to forwarding the course/activity to the DEC for approval. I also understand the course can be listed in the Schedule of Classes but may be cancelled if final approval is not received at least 2 weeks prior to the first day of the course.  Faculty Member (Signature Required) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

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| **Quality Review** (for CIL use only) | | | |
| **Yes** | **No** | **Criteria** | |
|  |  | The course appears to be aligned with the institutional and college/school mission. | |
|  |  | The planned learning outcomes appear appropriate to the degree or certificate awarded. | |
|  |  | Learning outcomes and assessments are comparable to those in similar course(s). | |
|  |  | This course is designed to promote achievement of the stated learning outcomes. | |
|  |  | This course appears comparable to similar campus-based courses for credit hours earned. | |
|  |  | This course complies with institutional policy regarding online course accessibility. | |
|  |  | Enrolled students have access to academic support services like those on campus. | |
|  |  | Students can access all required materials without physically visiting the campus. | |
|  |  | This course uses acceptable methods/tools to ensure academic integrity. | |
|  |  | The technology used in this course is appropriate to the nature and outcomes of the course. | |
|  |  | There is a plan in place to evaluate student completion/retention in the course. | |
|  |  | There is a plan in place to survey/evaluate student satisfaction related to use of technology. | |
|  |  | All faculty/instructors scheduled to teach in this course are prepared to teach online? | |
|  |  | All Teaching Assistants scheduled to teach in this course are prepared to teach online? | |
| Reviewer Comments: Indicate the level of QM review and any concerns. | | | |
| CIL Recommendation | | | ☐ Approve  ☐ Disapprove (Signature/Date) |
| DEC Comments and/or Requirements: | | | |
| DEC Chair | | | ☐ Approve  ☐ Disapprove (Signature/Date) |