

ILLINOIS VALLEY COMMUNITY COLLEGE

ONLINE, BLENDED, OR VIRTUAL CLASS MEETING COURSE DEVELOPMENT REQUEST

This form must be completed at the start of the course development process and must have all signatures before the process begins.

Date: Faculty Name: Full-Time Faculty
 Part-Time Faculty

Course Prefix and Number:

Course Title:

What is the proposed delivery format(s) for this course?

Online Blended (online and in person) Virtual Class Meeting (VCM) (online at specified times)

Has the delivery format been approved by the IVCC Curriculum Committee? Yes No

What is the anticipated semester for the first offering of this course in this format?

What type of compensation are you seeking?

3 credit hours of: Pay (Reg for PT/Overload for FT) Reassigned Time (FT only)

Have you completed at least two (2) hours or graduate work in online or blended teaching?

Yes Class:

No Anticipated Completion Date:

Have you completed "Teaching Online at IVCC"?

Yes Date Completed:

No Anticipated Completion Date:

<u>SIGNATURES</u>		<u>PROCESS TRACKING</u>	
Faculty Signature	Date	Semester faculty completed "Teaching Online at IVCC":	_____
Dean/Director Signature	Date	Date of course demonstration for course development funding:	_____
Director of Learning Resources Signature	Date	Date of and amount for course development stipend:	_____
Vice President for Academic Affairs Signature	Date		