Approval Form for Alternate Course Delivery

Complete this form for consideration and approval of courses that have not been developed and offered in an alternate delivery format (online or MM). Send the completed form to Instructional Program Support Services, Building 136, or email to Erin.Rhoden@ctcd.edu. Refer to the Faculty & Staff page of the CTC Distance Education and Educational Technology website at http://online.ctcd.edu/faculty_staff.cfm for relevant definitions and procedures.

Course Rubric/Number:		Course Title:				
(i.e. ABCD1234)				(i.e. Introduction to Learning)		
Delivery Format Requested:	Online	☐Multimedia (CD and S	D)	Other:		
Anticipated Course Start Date ³	*:				Term:	
		(i.e. mm/dd/yyyy or month-y	уууу)			
Justification:						
Name of Content Developer:						
ontact Information: E-Mail					Phone	
Master syllabus for this develo	pment is on file wit	h Instructional Services:	Yes	□No	Master syllabus attached: Yes	□No
Instructional Materials Infor	rmation:					
Title:					Edition / Year:	
Author(s):						□No
Publisher:				ISBN:		
Additional Resources (required	1/.					
Publisher/Edition/Year: Please	Specify:					
Other: Please Specify:		•	Ü	•	rn, Connect, MHL, MITL, Course Cartridge)	
Special Instructions:						
Request initiated by:						
Department Chair Signature:				Date:		
		OFFICIAL U	JSE ONL	Y:		
Curriculum Review Commi	ittee Recommenda	ation: Approved	□D	isapprove	ed Tabled	
Date:	Signature					
		Deputy C	Chancello	r, Acaden	mic and Student Services	
	*** COMI	PLETED BY DISTAN	CE EDU	CATION	N STAFF ***	
BB Master Title/DE#:						
Date entered in deBase:		Date Master Shell Create	ed:		E-Text Available Online: \[\square Yes	s No
Date Books Requested:		Date Books Received: _			Book Requested by Department: ☐Ye	s
IDM Approval (initial & date)	:	Design Team Assigned:	/		Secondary ID/CD Assigned:/_	