DISTANCE LEARNING COURSE APPROVAL FORM Faculty member – meet with your department chair to complete this form.

Instructor Name:	
Date: Email Address:	
Course Name:	
Course No.: Section:	Hours:
Department: Semi	ester/Year Offered:
Is this the first time this course will be offered via Distance Learning? First time this instructor is teaching a course via DL at SUNY Orange?	
Type of Online Course: Distance Learning (fully online) Will this course require proctored testing on Campus? Will this course require proctored testing at an off-campus location? (Instructor must provide proctoring) Will this course require field trips or on-campus learning experiences? If yes, please describe:	
Hybrid (Course meets ½ time on campus and ½ time online) Day/Time that the course will meet on campus? (Classes which usually meet three days a week must meet twice weekly on campus)	
☐ Web-Enhanced Required (Students required to use online compoin the bulletin so they can make an informed decision).	nent. Students will be notified of this
☐ Web-Enhanced Optional (Web component available but not could	nted toward grade).
THIS SECTION TO BE COMPLETED BY DEPARTMENT CHAIR: Has this instructor completed Angel training? Will this course be taught on load or extra compensation? If on load, what effect will it have on day sections?	
Chair Signature for Approval:(If approval is not given, please return to instructor with reasons for denial).	Date:
DEPARTMENT CHAIR, PLEASE FORWARD THIS FORM TO YOUR AVP FOR APP	PROVAL
AVP Name	
AVP Signature for Approval	Date:
- who ave approval please completement chair Undinaling Instructor Redistrar 2	THO COORDINATOR OF INSTRUCTIONAL LECTROPORTY