

DISTANCE LEARNING COURSE APPROVAL FORM

instructor Name:			
Date:	Email Address:		
Course Name:			
Course No.:	Section:	Hours:	
Department:		Semester/Year Offered:	
Is this the first time this course will be offered via Distance Learning?			
First time instructor teach	ning a course via DL at SUN	IY Orange?	
	Type of Online	Course	
Distance Learning (fully o	online)		
Will this course require proctored testing on Campus?			
Will this course require pr (Instructor must provide p		ampus location?	
Will this course require field If yes, please describe:	eld trips or on-campus learr	ning experiences?	
Rationale for offering this course via Distance Learning:			
Hybrid			
Day/Tim that the course	will meet on campus?	meet twice weekly on campus)	
Rationale for offering cou	urse via Hubrid format:		

<u>DL Form – Fall 2008</u> Page 1 of 2

Web-Enhanced (Required or Optional)				
Will participation in the web-enhancement portion of the course be required?(If yes, students will be notified of this in the bulletin so they can make an Informed decision).				
Rationale for offering course with web enhancement:				
EQUIPMENT NEEDS:				
Are there any special equipment needs f	or this class?			
If yes, what is needed?				
Date needed by:	Course Shell Needed by:			
Faculty member, when the above so to your department chair.	ections are complete, please forward this form			
DEPARTMENT CHAIR:				
Has this instructor completed Angel tr If yes, when?				
	extra compensation?ay sections?			
	to instructor with reasons for denial).			
PLEASE FORWARD THIS FORM TO	YOUR AVP FOR APPROVAL			
AVP Name				
AVP Signature for Approval				
Date:				
With AVP Approval, please cc:	Department Chair Originating Instructor Neil Foley, Registrar (neil.foley@sunyorange.edu) Maureen Larsen (maureen.larsen@sunyorange.edu)			

DL Form - Fall 2008 Page 2 of 2