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| Please indicate below the semester you wish to participate in the Quality Matters Program: |
| Semester: | Click to enter. | Year: | Click to enter. |
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| Applicant Name: | Click to enter. | Applicant Title: | Click to enter. |
| Applicant Email: | Click to enter. | Department: | Click to enter. |
| Course Name: | Click to enter. | Course Number: | Click to enter. |
| Credit Hours: | Click to enter. | Expected Enrollment: | Click to enter. |
| **Please indicate the last time you taught the above named course online.**  |
| Semester: | Click to enter. | Year: | Click to enter. |
| **If you completed CEL1001, please indicate the semester and year of completion.** |
| **Semester:** | Click to enter. | **Year:** | Click to enter. |
| **If you did not complete CEL 1001, please list the course you have taught online at least three times.**  |
| Course Name: | Click here to enter. | Institution: | Click here to enter. |
|  |
| Please provide a brief description of the course including its role in degree programs, any pre-requisites or co-requisites, etc. |
| Click here to enter. |
| Please provide a brief description of your experience with this eLearning course. |
| Click here to enter. |
| If you have had a course reviewed by QM please tell us—at what college, the name of the course, if the review was national or internal. |
| Click here to enter. |

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| Please tell us your primary concerns about participating in a QM review of this course: |
| Click here to enter. |
| Please provide the course description found in the university’s catalog: |
| Click here to enter. |
| *With your signature, you are authorizing us to preview the most recent version of your online course to evaluate its readiness to participate in the program.* |
| Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |