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| Applicant name: | Click to enter. | | Status:  (part-time/full-time) | 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. | | Anticipated course cap: | Click to enter. |
| **Anticipated semester to teach course on overload** | | | | |
| Semester | Click to enter. | | Year | Click to enter. |
|  | | | | |
| If you tentatively plan to require face-to-face meetings, how many will you require? Keep in mind that for this program, no more than 20% of the course can be face-to face. | | | Click 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 eLearning: | | | | |
| Click here to enter. | | | | |
| Please tell us your primary concerns about converting this course to an eLearning course: | | | | |
| Click here to enter. | | | | |
| The Center for eLearning will assign participants to one of the cohorts below. | | | | |
| **Blue team**  Course period: August 30 – November 15  *Required face-to-face meetings 8am-5pm on the following days:*  August 30  October 18  November 15 | | | **Red team**  Course period: September 6 – November 22  *Required face-to-face meetings 8am-5pm on the following days:*  September 6  October 25  November 22 | |
| Please indicate which of the following your schedule will permit: | | | | |
| Blue team | | Red team | I can participate in either team. | |
| Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *By signing above, you are committing to the dates/times of the face-to-face meetings you selected. Any change of the selected course to be produced during CEL1001 must be resubmitted for approval by all parties. If you drop from the program, your supervisor will be informed to ensure their knowledge of the decision.*  Department Chair Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print/type name in the above space.  Department Chair’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *By signing above, you understand that the faculty member will not be available on the above selected dates/times and will be excused from any departmental business. Any change of the selected course to be produced during CEL1001 must be resubmitted for approval by all parties. Additionally, if the participant drops from the program, you will be informed to ensure your knowledge of the decision.*  Dean Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Please print/type name in the above space.  Dean’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *By signing above, you understand that the faculty member will not be available on the above selected dates/times and will be excused from any college business. Any change of the selected course to be produced during CEL1001 must be resubmitted for approval by all parties. Additionally, if the participant drops from the program, you will be informed to ensure your knowledge of the decision.* | | | | |