

Southern Illinois University Edwardsville
Academic Review and Delivery Change Request for Undergraduate Class Sections - Form 93

This form is to be used when a section of an existing undergraduate class is to be offered outside of the traditional semester format and/or at an off campus location. Changes in format, site or delivery method including videoconference and off campus hybrid sections require this form. The initiating unit is responsible for seeking and receiving approval for such offerings including certification of faculty members to teach using technology prior to public announcement of the offerings. Units initiating travel study courses are not required to fill out form, but should fill out Form I or D as appropriate. Sections offered fully online or in an on campus hybrid format must go through Form 94 process and should not use this form. This approval is valid for one term only. Instructor signature on this form indicates that the instructor is responsible for delivering the course to meet SIUE's catalog description and required departmental objectives.

A complete syllabus for the proposed format must accompany this form.

1. Course information:

A. Department: _____

B. Subject: _____

C. Course number: _____

D. Course title: _____

E. Credit hours: _____

F. List significant assignments:

G. Mode of evaluations:

2. Schedule information:

A. Include rationale for alternative format:

B. Term this course is to be offered: Fall Spring Summer

C. Off or On campus: On Campus Off Campus

D. Indicate delivery method: Face-to-face Videoconference Off Campus Hybrid

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E. Beginning date: _____

F. Ending date: _____

G. Day(s) of meetings: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

H. Time of meetings: _____ to _____

I. Instructor name: _____

J. Banner ID: _____

3. Educational Outreach:

A. Site where the course will be held: (include room number, if known)

B. Intended audience: (i.e. teachers, RNs, undergraduates)

C. Contact hours calculation:

Each credit hour requires 900 minutes of contact time for videoconference or on ground (hybrid classes excluded): _____

D. List additional support services required:

<u>Approvals:</u>	<u>Date:</u>
Instructor: _____	_____
Department Chair: _____	_____
Academic Dean: _____	_____
OEO Approval: _____	_____
ITS Approval (videoconference only): _____	_____
Provost's Office: _____	_____
Academic Scheduling: _____	_____
To be completed by academic scheduling: CRN: _____	_____

This form is filed and kept in the Office of Educational Outreach.