TELECOMMUNICATION DELIVERY PROPOSAL

1. Course Designation_____ _____ _____ _____
Designator Number Suffix Credit hrs.

2. Title _____

3. Check the appropriate delivery system:

☐ Live Interactive Classroom.
☐ Videocassette.
☐ Other (do not use this form if the course is to be offered **exclusively** over the Internet. Use CC-5 for Internet courses).

If other, specify: _____

4. Will the course be scheduled in a format requiring 42 contact hours in less than three weeks for a three-credit course?

◯ YES ◯ NO

If less than a three-credit course, is the course schedule to meet at least 14 contact hours per credit while awarding no more than one credit hour per week.

◯ YES ◯ NO

If either answer is NO, explain and justify the difference in contact hours and/or schedule.

5. Identify provisions for student/professor interaction and.or student/student interaction.

6. Contact person: _____
Phone: _____ Email: _____

Approval:

Department _____ Date _____ Email_____

Academic Dean_____ Date _____ Email_____

UIS_____Date _____ Email_____