Instructions for Completion of Distance Education Course Request Form

As distance education and the types of technology available continue to expand, it is important to know your course needs as early as possible. The Board of Regents now requires all USG institutions to submit distance education in a specified format. The data requested on this form is necessary to comply with that request.

A. Course Information:

1. Enter course prefix and number.
2. If course is cross-listed, indicate all appropriate cross-listed courses.
3. Enter semester and session course will be offered.
4. Enter days and times course will be offered.
5. Technology Data - indicate type and percent of technology used (i.e. if your course is taught online please include the percentage the course is taught online and the percentage the course is taught face to face). Please note that if your course is 50% or more online, you will need to submit a course approval form. Go to http://www.it.armstrong.edu/dl/dl_courseapprovalprocess.htm for more information.
6. The definitions of online course designations are as follows: **Internet [I]** courses are 50% or greater reduced seat time, **Web-enhanced [W]** courses are less than 50% reduced seat time. **Videoconferencing [G]** courses use the indicated media for all or part of the course.

B. Schedule Data:

1. Check appropriate location of "sending" section (where instructor will be physically located); indicate any off-campus locations (i.e. Glynn High School, Medical College of Georgia, etc.). Indicate CRN, if already assigned.
2. Check all locations of "receiving" sections (no instructor physically present); be specific about location of each site. Indicate CRN if already assigned.
3. If course has a lab or seminar component, indicate if a separate section for the lab/seminar should be created. Also indicate if lab/seminar will be offered via technology or will have an instructor present at off-campus sites.

C. Registration/Records Data:

1. Indicate which institution will be responsible for registering and collecting fees for students who register for an off campus section.
2. Indicate which institution will be responsible for awarding grades for an off-campus section.

All requests involving Videoconferencing will be forwarded to the Office of Videoconferencing Services where locations and confirmation of Videoconferencing facilities will occur. That office will be in contact with you to finalize and confirm your Videoconferencing request

Contact Persons:

Videoconferencing:	Jason Richardson	961-3239
Schedule:	Joseph Hodges	961 -3253
Registration/Records:	Joseph Hodges	961 -3253

Distance Education Course Request Form

AASU Course Prefixes and Numbers *(If course is cross-listed, please indicate all course prefixes and numbers)*

Semester ☐ Fall 20___ ☐ Spring 20___ ☐ Summer 20____ Session _____

Meeting Date: _____ Meeting Time:_____

Technology Data: Mode of Transmission: (Please provide as much information as possible)

☐ Videoconferencing [G] (_____ % Videoconferencing, _____ % face-to-face)

Percent Class Time Online and Face-to-Face:

☐ Internet [I] (_____ % online, _____ % face-to-face)

☐ Web-enhanced [W](_____ % online, _____ % face-to-face)

Schedule Data:

Location of Sending Section: If Assigned

- ☐ AASU (CRN: _____)
- ☐ AASU Off-Campus Site _____ (CRN: _____)
- ☐ Other USG institution _____ (CRN: _____)
- ☐ Other non-USG institution _____ (CRN: _____)

Location of Receiving Section(s) — Check all that apply:

- ☐ AASU (CRN: _____)
- ☐ AASU Off-Campus Site(s) _____ (CRN: _____)
- ☐ Other USG institution (s) _____ (CRN: _____)
- ☐ Other non-USG institution (s) _____ (CRN: _____)
- ☐ Other: _____

Course Attributes - Required lab/seminar?

- ☐ Separate section for integrated lab/seminar (i.e. MATH 3911/3 911L)
- ☐ Separate section for credit lab (i.e. CHEM 1151/1151L)

Select One:

- ☐ Lab/seminar offered Distance Learning
- ☐ Lab/seminar offered on-site/off campus

Comments: _____

Registration/Records Data:

Institution Responsible for Registering Students:

- ☐ AASU
- ☐ Name of Institution(s) _____

Institution Responsible for Issuing Grades:

- ☐ AASU
- ☐ Name of Institution (s) _____

Comments: _____

_____

Department Head Signature _____ Date _____

07/05

Please Submit This Form To The Registrars Office