Online Course Revision Proposal

Please complete and submit the proposal to the Division of Distance Learning for approval. (email: Christy.Thomas@lamar.edu or fax# 880-2191)

Department: ____________________________ Submission Date: ________________

Course Number/Title: ____________________________

Developer(s): ____________________________Pay distribution ________________

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Anticipated (Start Date) /semester to offer revised course online: ________________
Note: Course should be approved 3 months prior to this date.

Proposed method of delivery: (please circle) 5-week, 8-week, 15-week (must include justification)

Is revision money being requested? (please circle) YES for $500/sch. No compensation

What is the purpose of revising this course? (Attach details of changes)

Note: Course revisions are eligible for a stipend when they are 4 years past original development or last revision, have demonstrated need either as part of an online program or as an elective with consistent student enrollment. It should involve major changes relating to the curriculum and learning objectives and should include updated videos to reflect current faculty active in the department and the course. All redesigned courses will use the University branded, Quality Matters template. An instructional designer will be assigned to the course and work with the faculty member in updating content, applying the template and assuring that the course will have a successful QM review. Revisions for textbook or schedule are considered course maintenance.

When was this course originally developed or last revised? ________________________

Average enrollment ____________________________ per section for last 2 years.

Signatures: *note if more than 2 developers to be paid – submit additional forms with signatures.

Developer: ____________________________ Date: __________

Developer: ____________________________ Date: __________

Department Chair: ____________________________ Date: __________

Dean: ____________________________ Date: __________

Provost ____________________________ Date: __________