

e-Learning Delivery Format Request Form

**New Courses and Course Revisions**

Course Originator:

Discipline:

Division:

CPSC Approval Date:

Please check all that apply:

New Course

Revision

New Faculty

Implementation Date:

Course Name:

Course Prefix and Number:

Credits:

Contact Hours:

Pre-reqs:

Co-reqs:

Instructional Method:

IMM

CMM

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Dean Approval : \_\_\_\_\_

Dean Signature

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Date

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WIDS Training Completed:

ETOM Online Certification Completed:

WIDS Completed and Submitted:

Blackboard Shell Created:

Electronic Syllabus Attached:

Course Approved by DLAS:

Comments: