



Texarkana College

Request to Create an Online Course

The new Course's Instructor/Designer and Program Chair should complete this for to document the plan to create a new online course. Please return the completed for to the Distance Education Department.

Date

Course Number

Course Title

ACGM or WECM Number

Credit Hours

Contact Hours

Delivery Semester

Type of Distance Course (Check one) Hybrid Fully Online

Type of Course (Check one) Lecture Lecture/Lab

Semester Type 16 Week 8 Week Other

If other, explain:

Prerequisite(s)

Program Chair

Instructor/Designer

Has the Instructor/Designer completed the required training? Putting Your Course Online training: Yes No

Texarkana College Online training: Yes No

Instructor/Designer Approval

Signature: _____ Date: _____

Division Dean Approval

Signature: _____ Date: _____

Distance Education Department Approval

Signature: _____ Date: _____

Vice President of Instruction Approval

Signature: _____ Date: _____