

COURSE DESIGN REVIEW

Course Number and Title: _____ SCH: 1 2 3 4 5
 Number of F2F meetings necessary: _____ Lecture Practicum Lab
 # of students per section: _____ # of modules: _____ # of exams: _____
 Part of online degree program?: Yes No Part of online certificate program?: Yes No
 Designer: _____ COI: Yes No
 Co-Designer: _____ COI: Yes No

A design model has been presented for the following items:

| | First | Final | Notes: |
|---------------------------|--------------------------|--------------------------|--------|
| Syllabus and Timeline | <input type="checkbox"/> | <input type="checkbox"/> | |
| Navigation | <input type="checkbox"/> | <input type="checkbox"/> | |
| Adequate Original Content | <input type="checkbox"/> | <input type="checkbox"/> | |
| Chunking and Sequence | <input type="checkbox"/> | <input type="checkbox"/> | |
| Assessments | <input type="checkbox"/> | <input type="checkbox"/> | |
| Copyright and ADA | <input type="checkbox"/> | <input type="checkbox"/> | |

Compensation Expected: Designer: \$_____ Co-Designer: \$_____

By signing below, you agree that the proposed course design will result in a course that meets the needs and standards of both the Department and the University.

Designer: _____ Co-Designer: _____

Date: _____ CTL: _____ Dept. Chair: _____

Final Approval. The course meets Principles of Good Practice and is student ready. Yes No

Date: _____ CTL: _____