FLORIDA A&M UNIVERSITY
ONLINE / HYBRID COURSE REQUEST ROUTING FORM

Date: _____

The Course will be developed by an external partner. Name of the partner:

Department Submitting Request: _____

Type of Request:
(Please select all that apply)

☐ HB - Hybrid Course (50-79% Online)

☐ PD - Primarily Distance Learning Course (80-99% Online)

☐ AD - Fully Distance Learning Course (100% Online)

Title _____

Prefix & Number _____

Submitted by: _____   _____
        Chairperson / Division Director (Print Name)   Phone:

        _____ Date: _____
        Chairperson / Division Director Signature

Approved by: _____ Date: _____
        Academic Unit Curriculum Committee Signature (if applicable)

        _____ Date: _____
        Dean, Academic Unit Signature

        _____ Date _____
        Director, Instructional Technology Signature

        _____ Date _____
        Chair, University Committee Signature

        _____ Date _____
        President, Faculty Senate Signature

        _____ Date: _____
        Provost or Designee Signature

ONLINE / HYBRID INSTRUCTION APPROVAL FORM

Course Information

College or School: _____

Department: _____

Title: _____

Prefix and Number: _____   Credit Hours: _____

Effective Term/Year: _____

Delivery Method (please select all that apply):

The percentage of the direct instruction of the course if delivered by using some form of technology when the student and instructor are separated by time, space, or both.

[ ] HB - Hybrid: 50 – 79%   [ ] PD - Primarily Distance Learning: 80 – 99%   [ ] AD - Fully Distance Learning: 100%

Is this course also taught by traditional face-to-face instruction?
[   ] Yes   [   ] No

Mode of Instruction (Please select all that apply):

[   ] Synchronous – Face-to-face. Requires students to participate at the same time at a centralized location.
[   ] Synchronous. Requires students to participate at the same time from anywhere.
[   ] Asynchronous. Requires students to participate at any time.

Satellite Campus:

[   ] Yes   [   ] No

If yes, please choose your location(s):
[   ] Agricultural and Environmental Research Station, Brooksville
[   ] Center for Viticulture and Small Fruit Research, Tallahassee
[   ] College of Law, Orlando
[   ] College of Pharmacy, Crestview
[   ] College of Pharmacy, Jacksonville
[   ] College of Pharmacy, Miami
[   ] College of Pharmacy, Tampa
[   ] Research & Development Center, Quincy
[   ] Other: _____

SYLLABUS DESIGN CHECKLIST

Course Prefix & Number _____

Course Title _____

This syllabus has been checked to confirm the following:

Accessibility and Usability
☐ Syllabus checked to ensure electronic document is accessible.
☐ Syllabus layout facilitates ease of readability.
Assessment and Measurement
☐ Syllabus contains the course grading policy.
☐ Specific and descriptive criteria are provided for the evaluation of learners' work and are tied to the course grading policy
Description and Overview
☐ Syllabus contains a description and overview of the course.
☐ Communication expectations for online discussions, email, and other forms of interaction are clearly stated.
☐ Expectation for pre-requisite knowledge in the discipline and/or any required competencies are clearly stated.
☐ Institutional policies with which the learner is expected to comply are clearly stated within the syllabus.
Instructional Materials
☐ Instructional materials to be used in the course is clearly stated.
Learning Objectives (Competencies)
☐ Syllabus contains the course learning objectives, or course/program competencies, and describe outcomes that are measurable.
Learner Support
☐ The syllabus provide instructions or URL to a clear description of the technical support offered and how to obtain it.
☐ Syllabus articulate or contains a link to the institution's accessibility policies and services.
Required Technology
☐ Minimum technology requirements are clearly stated.

_____   _____
Signature – Instructional Designer   Date