**CNS Course Delivery Mode Approval Form**

**Please list all courses (course number and title) to which this form applies:**

**Requested Delivery Modes (Mark an “X” for all modes which approval is requested):**

**\_\_\_ FO: Fully Online**



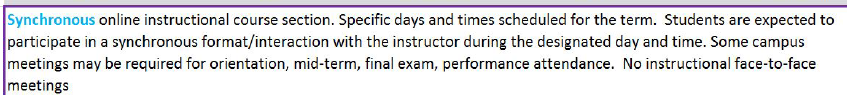
**Specify below the ways in which the department/program expects faculty to interact with students within this course when offered in fully online mode and the degree of interaction that students may expect from faculty.** For example: *Instructor will engage with students in discussion boards on a weekly basis, offering prompts to refocus students to the task at hand when necessary. Instructor will provide multiple options for being contacted by students and will respond within \_\_\_ week days. Instructor will provide feedback on assignments within \_\_ weeks.* (Departments may draft their own language below; they do not need to use the language above).

**\_\_\_ OL: Online Asynchronous**

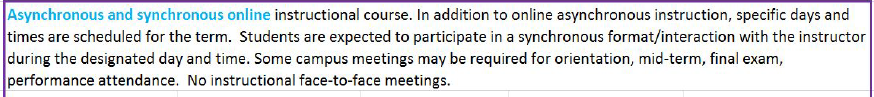


**Specify below the ways in which the department/program expects faculty to interact with students within this course when offered in online asynchronous mode and the degree of interaction that students may expect from faculty.** For example: *Instructor will engage with students in discussion boards on a weekly basis, offering prompts to refocus students to the task at hand when necessary. Instructor will provide multiple options for being contacted by students and will respond within \_\_\_ week days. Instructor will provide feedback on assignments within \_\_ weeks*. (Departments may draft their own language below; they do not need to use the language above).

**\_\_\_ OS: Online Synchronous**



**\_\_\_ HO: Asynchronous and synchronous online**



**If the % of instruction that will be offered synchronously is other than 50%, specify the number of hours per week (or total hours per term) of synchronous online instruction: \_\_\_\_\_\_**

**If <50% of instruction will occur synchronously, explain why:**

**Specify below the ways in which the department/program expects faculty to interact with students for the asynchronous component of the course and the degree of interaction that students may expect from faculty.** For example: *Instructor will engage with students in discussion boards on a weekly basis, offering prompts to refocus students to the task at hand when necessary. Instructor will provide multiple options for being contacted by students and will respond within \_\_\_ week days. Instructor will provide feedback on assignments within \_\_ weeks.* (Departments may draft their own language below; they do not need to use the language above).

**\_\_\_ CA: Hybrid: in person and asynchronous online**



**If the % of instruction that will be offered in person is other than 50%, specify the number of hours per week (or total hours per term) of in-person instruction: \_\_\_\_\_\_\_\_\_\_\_\_**

**If <50% of instruction will occur in-person, explain why:**

**Specify below the ways in which the department/program expects faculty to interact with students for the asynchronous component of the course and the degree of interaction that students may expect from faculty.** For example: *Instructor will engage with students in discussion boards on a weekly basis, offering prompts to refocus students to the task at hand when necessary. Instructor will provide multiple options for being contacted by students and will respond within \_\_\_ week days. Instructor will provide feedback on assignments within \_\_ weeks.*

**\_\_\_ CS: Hybrid: in person and synchronous online**



**If the % of instruction that will be offered in person is other than 50%, specify the number of hours per week (or total hours per term) of in-person instruction: \_\_\_\_\_\_\_\_\_\_\_\_**

**If <50% of instruction will occur in-person, explain why:**

**\_\_\_ CM: Course Match**



Please consult with the Dean’s office to learn about the Chancellor’s Office process for approving courses for the Course Match program.

\_\_\_ **P: In-person**

**\_\_\_ TO: Televised (for sections being broadcast)**

**\_\_\_ TR: Televised (for sections receiving a broadcast)**

**\_\_\_ OC: Off-campus**

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Department Chair (Printed Name) Department Chair Signature Date Signed