Bemidji State University CENTER FOR EXTENDED LEARNING Course Bequest Form

			C	ourse Rec	quest Forn	n				
							Term	Summar	Year	
								Summer Fall		
								Spring		
Faculty	Nama		То	ch ID#	Phone #	E-mail	addross			
-					1 none #	L-man	auuress			
Course: _			Section No.	Credits	Title					_
Start Date				Day(s)		Time	(s)			
Other Dates						_				
End Dates						_				
Method of I	Delivery:				Maximum E	nrollment:				
O Oi	nline: Cours	se delivered v	via D2L Bright	space						
IT	V Location	or Other Del	ivery:							
Commiss instruction between be used.	sion's defin on to studen the student Distance en Welcor Regular feedbac Faculty Schedu	nition of dist nts who are s and the in ducation typ ne message r faculty-ini ck in annour responses t les and/or c	ance education separated from structor, either bically uses the from faculty tiated interact incements, resp o discussion produces of discussion pro- hecklists o	on: "Education m the instructor or synchronous e best praction with information with stud ponses to emposts and/or of ue dates for a	ch a distance on that uses or tor and to sup usly or asynch ces listed belo tion on gettin lents througho ail, videos and chat topics assignments and	ne or more. port regular ironously." w: g started out the cour d/or virtual nd assessme	techr r and su A varie rse, such office h	nologies . bstantive ty of tech	to de interact nologie	eliver tion s may
SIGNATUR	<u>RES</u>									
Faculty			_		Date	9	_			
Depart	ment Chair				Date	9				
College	Dean				Date	2				
Gradua	te Studies (if appropria	te)		Date	Date				

Please return this signed form to the Dean's Office, #27. Dean's office will confirm course set up - Course ID: _____