Texas Wesleyan University Distance Education Program Request Form

This form is to be used to **request approval** to offer a program via distance education (online, teleconferenced, hybrid). Please see the University's **Distance Education Policy** for details regarding **implementation requirements**.

Implementation deadline: **TBD by Dean and CETL.** (Note: any curricular changes must be submitted through regular approval processes, e.g. Academic Affairs, Graduate Committee, etc.)

Request (please attach additional documentation as needed)

Program: Semester Offered:

Delivery mode/format: Select One

Semester/term length:

Design Type(s): Select One

Comments/Explanation:

Rationale ***(include explanation of strategic fit and market analysis data)*:**

Institutional support required ***(additional budget; faculty impact/needs; staffing; technology; impact on existing programs, etc.):***

Approval Process Signatures

Program Coordinator or Chair (typed) if applicable

Program Coordinator or Chair Signature

Date

School Dean (typed)

School Dean Signature

Date

Provost Decision

☐ Program is approved for distance education delivery implementation

☐ by requested implementation semester OR

☐ by delayed implementation: *(semester/year)*

☐ Program is not approved for distance education delivery

Provost/Senior Vice President (typed)

Provost/Senior Vice President Signature

Date

***Note: CC the Accreditation Liaison when distributing for approval.*

List of Requested Program Courses

Course Name/ID		
	Select Weeks	Select One
	Select Weeks	Select One
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