

IOWA STATE UNIVERSITY

To complete this form on your computer, click in the fields and type. Note that electronic signatures are not accepted in the approval fields.

Distance Education Course Offering/Change Form

Semester/Year _____

College _____

Teaching Dept. _____ Course Number _____ Course Title (optional) _____

Other Department(s) to be listed in Schedule of Classes (If applicable) _____ Managing College (If different from above) _____ Instructor Name _____ Net ID _____

Check box to add course to the Web:
www.distance.iastate.edu/courses/index.php

Course submission contact (please print) _____ **E-mail** _____

ADD

Section	Credits	No Web Reg.	Max. Limit	Meeting Times	Start Date MM-DD-YYYY	End Date MM-DD-YYYY	Reserved Room	Delivery Method	Location
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

Comments, Schedule Notes

Delivery Fee _____ Selling Agency _____ Differential Tuition? *check box*

I, C, or D Permissions _____ Permission Contact Information: _____

Name _____ Phone _____ E-mail _____

CHANGE (credit, time, maximum limit, room, half-semester message, comments, etc.)

Section	From	To
_____	_____	_____
_____	_____	_____
_____	_____	_____

DROP

Section	Comments for Changes or Drops
_____	_____

All necessary room reservations are the responsibility of the offering department/college. Note: Approval process may vary by college.

Department Chair/Date _____

Dean/Date _____

Distance Education College Coordinator/Date _____

Supplementary Course Offering Information (complete all that apply)

Computer Requirements _____

Required Books _____

Book/Course Packet Info _____

Optional Course Materials

For Office of the Registrar's use only:
 Scheduling Web Notify College Distance Education Database