

FLATHEAD VALLEY COMMUNITY COLLEGE
Intent to Convert a Course to an Online or Hybrid Format Form

Instructions:

1. Converter/developer will obtain a copy of the approval form and fill in the required information.
2. The completed request form will be forwarded to the appropriate Division Chair for review and comment. The Division Chair will meet with the affected department chair, program coordinator, or department instructor/s for input prior to completing the form.
3. The Division Chair will forward the form to the Co-Chairs of the eLearning Committee for review and comment.
4. The Co-Chairs of the eLearning Committee will forward the form to the Vice President of Instruction who will notify the faculty member of the decision regarding conversion. If the conversion is recommended, arrangements for conversion will be made. The original copy of the form will be maintained with the Instructional Technology Specialist.

Note: Converter/developer must enroll in EDU 291y, Teaching Online Courses, in order to begin the course conversion/development unless this training is waived by the Vice President of Instruction and the eLearning Committee. This course will take approximately one semester to complete. The converter/developer must then enroll in EDU 291x, Developing Online Courses, to complete the training and course preparation process unless this training is waived by the Vice President of Instruction and the eLearning Committee. This class will take approximately one semester. If the Converter has previously completed EDUC 280 and 281, requirements to take those courses will be waived.

Converter/Developer: _____

Date: _____

Have you taken the following courses? EDU 291y: Yes No

EDU 291x: Yes No

Course #/Title: _____

Credits: _____

Conversion/Development Type: Fully Online

Hybrid

Semester to begin conversion/development: _____

Semester to offer course in new format: _____

Request for Conversion/development: *(Conversion/development cannot begin until all signatures are obtained and form is filed with the Instructional Technology Specialist.)*

_____ Recommended	_____ Not Recommended	_____	_____
		Division Chair	Date
_____ Recommended	_____ Not Recommended	_____	_____
		Department Chair/ Program Coordinator	Date
_____ Recommended	_____ Not Recommended	_____	_____
		Faculty Co-Chair, eLearning Committee	Date
_____ Recommended	_____ Not Recommended	_____	_____
		Vice President of Instruction	Date

For Office Use Only

Date Course Recommended for Conversion: _____ Date Course First Taught: _____

Date Course Development Summary Sheet is Completed: _____

Date Stipend Paid: _____ Amount of Stipend: _____