DISTANCE EDUCATION COURSE PROPOSAL

Part A: To be filled out by the student
1. Distance Education Course dates:
   ☐ Fall ☐ Spring Beginning: / Ending: /
   YEAR BLOCK/WEEK BLOCK/WEEK
2. Distance Education Course:
   ___________________________ Instructor:
   ___________________________
3. City and State where the student will be located during the Distance Education Course:
   __________________________________________________________
4. Describe the exceptional circumstance why the student requests to take this course via Distance Education:
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

Part B: To be filled out by the instructor
1. What is the method of delivery of course material?
2. What will be the method direct faculty/student interaction?
3. What will be the minimum frequency of direct faculty/student interaction?
4. What will be the course ending date? Is this date flexible or firm?
5. Instructor’s Signature ___________________________ Date: ___________________________
   Department Head’s Signature ___________________________ Date: ___________________________
   International Student Advisor’s Signature (if int’l student) ___________________________ Date: ___________________________

Part C: To be filled out by Academic Standards Committee
☐ Student will be located in Fairfield during duration of course, proposal is approved as a Directed Study
☐ Student will be located away from Fairfield, proposal meets conditions below for Distance Education
1. Student will be located in a state where the University is authorized to offer education programs: yes no
2. Student will have more on site credits this semester than off site credits, including this proposal: yes no
3. This course is confirmed as Distance Education (not a correspondence course) based on three factors itemized by instructor: method and frequency of faculty/student interaction and firm ending date of course: yes no

Academic Standards Committee Approval ___________________________ Date: ___________________________

Part C: To be filled out by Registrar
Bulletin number: __________________ Instructor: __________________ Units: __________________
Dates: ☐ Fall ☐ Spring Beginning: Ending: ___________________
YEAR