

# Online Course Review

## Seaver College Academic Council

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Division: \_\_\_\_\_ Course Prefix: \_\_\_\_\_ Course Number: \_\_\_\_\_

Course Title: \_\_\_\_\_

Faculty/Instructor: \_\_\_\_\_

I. What percent of the course's regularly scheduled classroom time will be taught via online instruction? \_\_\_\_\_ %

II. **ONLINE PEDAGOGY**  
[Please describe the online instructional pedagogy that will be used in the course.]

III. **RATIONALE**  
[Please provide a rationale supporting the use of online instruction.]

IV. **BUDGETARY REQUIREMENTS**  
[Specify any budgetary requirements needed to offer the course online.]

V. **ACADEMIC SUPPORT NEEDS**  
[Specify any other support needs such as computers, software, etc. required to offer the course online.]

VI. **INDICATION OF DIVISIONAL FACULTY SUPPORT**  
[Indicate who was consulted and whether the faculty of the division supported the proposal]

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### Reviewed by CRC:

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Academic Chairperson

\_\_\_\_ Approved \_\_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

### Academic Affairs Committee [required if course fulfills a GE requirement]

\_\_\_\_ Approved \_\_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

### Associate Dean

\_\_\_\_ Approved \_\_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_

### Dean of Seaver College

\_\_\_\_ Approved \_\_\_\_ Denied Signature \_\_\_\_\_ Date \_\_\_\_\_