

ANGEL/Online Course Development Form

FACULTY: Please provide the following information and complete all fields below.

Instructor _____ Email _____

Telephone _____ Division _____

Course Title _____

Course Number _____ Credits _____

Quarter/Year to Develop _____ 1st Quarter/Year to Deliver _____

*Note: Approval for an online course needs to occur approximately **6 months** prior to the course being offered so it can be listed appropriately in the quarterly schedule.*

Are you new to Online Instruction? Yes No

Have you completed CPTC's ANGEL training? Yes No Other experience (Please explain):

Is this a new course? Yes No Face-2-Face conversion? Yes No; Online Hybrid

Intellectual Property Rights:

I understand that the ownership of materials whether print or non-print, processes, or inventions produced solely for the College and at College expense shall vest in the College and be copyrighted or patented, if at all, in the College's name (Article 24.2, Faculty Bargaining Agreement).

Faculty signature _____ Date _____

APPROVAL ROUTING:

Dean Signature _____ Date _____

eLearning Signature _____ Date _____

Associate VP of Instruction Signature _____ Date _____

Routing:

- Registration
- Instructional Support