



Texarkana College

COURSE CERTIFICATION SIGNATURE FORM

The signatures that follow provide the required documentation that the following course has been certified as compliant with the Texarkana College Distance Education Course Standards, which are based on the Texas Higher Education Coordinating Board's *Principles of Good Practice for Electronically Offered Academic Degree and Certificate Programs (PGP)*.

Course Number: _____

Course Title: _____

INSTRUCTOR/DESIGNER APPROVAL

Signature: _____ Date: _____

ACADEMIC DEPARTMENT APPROVAL (DIVISION DEAN)

Signature: _____ Date: _____

DISTANCE EDUCATION DEPARTMENT APPROVAL (DISTANCE EDUCATION COORDINATOR)

Signature: _____ Date: _____

VICE PRESIDENT OF INSTRUCTION

Signature: _____ Date: _____

The completed course certification document will be housed in the office of the Distance Education, as designated by the Provost, and used as part of the institutional plan for distance education activities a required by state law and coordinated through the Distance Education Advisory Committee of the THECB.