Texarkana College

Request to Create an Online Course

The new Course's Instructor/Designer and Program Chair should complete this for to document the plan to create a new online course. Please return the completed for to the Distance Education Department.

Date

Course Number

Course Title

ACGM or WECM Number

Credit Hours

Contact Hours

Delivery Semester

Type of Distance Course
(Check one)   ☐ Hybrid   ☐ Fully Online

Type of Course
(Check one)   ☐ Lecture   ☐ Lecture/Lab

Semester Type   ☐ 16 Week   ☐ 8 Week   ☐ Other

                     If other, explain:

Prerequisite(s)

Program Chair

Instructor/Designer

Has the Instructor/Designer   Putting Your Course Online training: ☐ Yes   ☐ No
completed the required training?
                              Texarkana College Online training: ☐ Yes   ☐ No

Instructor/Designer Approval
Signature: _____   Date: _____

Division Dean Approval
Signature: _____   Date: _____

Distance Education Department Approval
Signature: _____   Date: _____

Vice President of Instruction Approval
Signature: _____   Date: _____