Graduate Curriculum Change: Conversion of an Existing Program to Online or Hybrid Delivery

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| Department/program/concentration: |       | Date: |       |
| Program name: |       |
|  | If the conversion affects another department, attach correspondence from the department’s chair describing the impact on the department. |
| Will the program be fully online or a hybrid? (Check one.) |
| [ ]  | **Online**: Any program that is completely online and requires no in-person meetings with the instructor or class. In-person attendance may still be required for certain off-campus activities such as proctored exams, clinical experience, and internship hours. |
| [ ]  | **Hybrid**: Any program in which some portion of traditional “seat time” has been replaced by online academic activities. A hybrid program would require at least one scheduled in-person session with the instructor or class, with the remaining activities occurring online. In-person attendance may also be required for certain off-campus activities such as proctored exams, clinical experience, and internship hours. |
|  | If HYBRID, approximately what percentage of the program requirements will be delivered online? |      % |  |
| Proposed effective date of change (term and year): |       |  |

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| **Complete and include ADHE Attachment L (Online Program Justification) and include ADHE Attachment M (Online Program Support).**Note that ADHE/AHECB policy requires that “Institutions proposing to offer 50 percent [or more] of an existing certificate or degree program through distance technology must submit a Letter of Notification with supporting documentation to ADHE by the established deadlines.” The approval process is not complete until the notification has appeared in an AHECB meeting agenda. |

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| Recommended by the Department |
| 1. |  |  | 2. |  |  |  |
|  | Department Curriculum Committee | Date |  | Department Chair | Date |  |
| Recommended by the College |
| 3. |  |  | 4. |  |  |  |
|  | College Curriculum & Assessment Committee | Date |  | College Dean | Date |  |

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| Recommended by University Councils |
| Does the change affect a teacher education program? |  | 5. |  |  |  |
| If YES, must be reviewed by the Professional Education Council. |  | Professional Education Council | Date |  |
| 6. |  |  | 7. |  |  |  |
|  | Graduate Council | Date |  | Council of Deans | Date |  |
| Submit proposals to the appropriate university Council at least one month before the meeting in which action is desired. Summer submissions may not be considered until the fall term. |

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| Approved by |  |
| 8. |  |  |  |  |  |  |
|  | Provost | Date |  |  |  |  |
| The Office of the Provost retains the signed original and sends a copy to the originating department. |