ONLINE AND HYBRID
COURSE MODIFICATION REQUEST FOR EXISTING COURSES

> *This form is for existing courses that have not specifically been approved to be offered in an online or hybrid format even though they previously may have been taught as an online or hybrid course. Once a course has been approved by a College Curricular Committee to be offered in an online or hybrid format, the approval becomes effective upon the signature of the Curriculum Committee/Dean.*

Quarter: _____   Year:_____   Date Submitted to APGS:_____
       (First Quarter/Year of Modification)

1. **DEPARTMENT** *[Name of department or program which will offer the course or courses]*:_____

2. **COURSE OR COURSES TO BE OFFERED IN ONLINE OR HYBRID FORMAT.**

Prefix	Course Number	Full Title	Units	Format
				Online ___ Hybrid ___ Both ___
				Online ___ Hybrid ___ Both ___
				Online ___ Hybrid ___ Both ___
				Online ___ Hybrid ___ Both ___
				Online ___ Hybrid ___ Both ___

3. **DESCRIBE THE STRATEGIES FOR MOVING THE COURSE(S) TO AN ONLINE OR HYBRID FORMAT.**
   (Discuss the instructional methods for offering the course(s) content in an online or hybrid format)

4. **DESCRIBE THE EXPERIENCE, SUPPORT AND/OR TRAINING AVAILABLE FOR THE FACULTY MEBMERS WHO WILL TEACH THIS ONLINE OR HYBRID COURSE(S).** (Discuss how you will ensure that faculty will know how to teach online or in a hybrid format.)

5. **ASSESSMENT OF ONLINE AND HYBRID COURSES.** (Discuss how your department will assess the quality of the online and/or hybrid instruction to ensure it is equal or superior to your on-ground instruction. **NOTE: Assessment of learning is not addressed through student evaluations**).

6. **DO ANY OF THE LISTED COURSE(S) MEET GENERAL EDUCATION-BREADTH REQUIREMENT(S), U.S. HISTORY-INSTITUTIONS REQUIREMENT, OR THE UNIVERSITY WRITING SKILLS REQUIREMENT? IF SO, THEY MUST BE SUBMITTED TO THE GE SUBCOMMITTEE FOR APPROVAL TO BE OFFERED ONLINE OR IN A HYBRID FORMAT.** (List course(s) approved for an area of GE (state which category), the Code Requirement, or the University Writing Skills Requirement.

7. **RESOURCE IMPLICATIONS.** [With the modification of this course (s), is there a need for additional student fees or other resources such as faculty, facilities, equipment, and/or library resources that will not be covered by the department budget.]

8. **CONSULTATION** with other affected departments and program committee:

   a) The following **department(s)** has (have) been consulted and raise **no objections**:
   [If there were no objections to this curriculum request after listing it on the Curriculum Sharepoint site for five working days, type in the following: All Academic Departments and Programs at CSUEB were consulted using the Sharepoint Curriculum site and there were no objections.]

   b) The following **department(s)** has (have) been consulted and **raised concerns**:
   *[If there were unresolved objections to this curriculum request after listing it on the Curriculum SharePoint site for five working days, indicate the objecting department or program below, along with the specific concern. **If there were no unresolved objections, type in "None."**]*

9. Certification of **DEPARTMENT APPROVAL** by the chair and faculty.

   Chair: _____   Date: _____
   [Print name of Department Chair here. Chair shall sign a hard copy for the College Office files.]

10. Certification of **COLLEGE APPROVAL** by the dean and college curriculum committee.

   Dean/Associate Dean: _____   Date: _____
   [Print name of Dean or Associate Dean here. A hard copy shall be signed for the College Office files.]

After college approval, the College Curriculum Coordinator should e-mail this form to
the University Catalog and Curriculum Specialist