

## Asynchronous Learning Package Agreement

DATE:

FROM:           John Burgeson  
                  Dean of Continuing Studies

The Center for Continuing Studies requests approval for the following course:

<b>Course: Number and Name</b>		<b>Instructor: Name and ID Number</b>	
<b>Course Type:</b> Online/Self Paced _____ Internship/Practicum _____ Independent Study/Thesis ____		<b>Semesters Course Will Be Offered: (check all that apply)</b> Summer 2010 _____ Fall 2010 _____ Spring 2011 _____	
<b>No. of Credits:</b>	<b>Grading Type:</b> Normal _____ S/U _____ Either _____	<b>Course Delivery Method:</b> Print-based _____ Web-Page Access _____ Desire 2 Learn _____ CD-ROM _____	
<b>Enrollment Restrictions:</b> Course size limit? Permission Required? Permission Requirements?		<b>Would you like CCS to request your D2L Template every semester:</b> Yes _____ No _____	
<b>Course Meeting/Special Arrangements:</b> Are there any on campus meeting dates for this course? If yes, how many and what for (labs, presentations)?		<b>Does your course require proctored exams? If yes, how many? Online exams or pen-and paper exams?</b>  <b>List Other Course Requirements:</b> (number of assignments, online discussions, number of take home exams, etc)	
<b>Are students required to follow specific timeline provided by instructor:   _____ Yes   _____ No</b>			
<b>Please note that this course is funded through the Center for Continuing Studies and is paid on a per student basis of \$65/credit/student. Graduate compensation applies for graduate-only courses.</b>			

**PLEASE ROUTE FOR SIGNATURES OF APPROVAL**

Instructor \_\_\_\_\_ Date \_\_\_\_\_

Department Chairperson:

*I attest to the fact that this course is being created with departmental knowledge and approval through the department's normal procedures for recommending teaching schedules*

Chairperson Signature \_\_\_\_\_ Date \_\_\_\_\_

College Dean \_\_\_\_\_ Date \_\_\_\_\_

Dean of Continuing Studies \_\_\_\_\_ Date \_\_\_\_\_

Graduate Dean (If graduate credit) \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE CONTACT OUR OFFICE WITH ANY QUESTIONS YOU MAY HAVE**  
[serickstad@stcloudstate.edu](mailto:serickstad@stcloudstate.edu)