



# SACM – Online Course Report from St. Cloud State University

## Step 1: To be completed by the student:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SCSU ID#: \_\_\_\_\_ Degree Level: \_\_\_\_\_

Department: \_\_\_\_\_ Current Major: \_\_\_\_\_

## Step 2: To be completed by Records and Registration:

A. **Previously** Taken Online (Hybrid, Web-enhanced, Blended) Classes, if any:

1. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

2. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

3. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

4. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

5. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

B. **Currently** Registered (or Preregistered) Online (Hybrid, Web-enhanced, Blended) Class:

1. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

2. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

3. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

4. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

5. Course Title: \_\_\_\_\_ Course Number: \_\_\_\_\_ Number of Credits: \_\_\_\_\_ Semester: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Registrar)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Phone)

## Step 3: To be completed by the student's Advisor: (evaluation of course reported in step 2, item B)

A. Is this course **required** in the student's program of study: Yes: \_\_\_\_\_ No: \_\_\_\_\_

B. Is this course available in **face-to-face** version: Yes: \_\_\_\_\_ No: \_\_\_\_\_

C. Is there an available **alternative** face-to-face course: Yes: \_\_\_\_\_ No: \_\_\_\_\_

D. Could the course be taken in **upcoming** semesters without conflict: Yes: \_\_\_\_\_ No: \_\_\_\_\_

E. Is the student's graduation going to be **delayed** if not approved: Yes: \_\_\_\_\_ No: \_\_\_\_\_

F. Is this student **graduating** by the end of the current semester: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Signature of Advisor)

\_\_\_\_\_  
(Date Signed)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Phone)