

Southern Illinois University Edwardsville  
**Academic Review and Delivery Change Request for Graduate Class Sections - Form 93**

This form is to be used when a section of an existing graduate class is to be offered outside of the traditional semester format and/or at an off-campus location. Changes in format, site, or delivery method including videoconference and off campus hybrid sections require this form. The initiating unit is responsible for seeking and receiving approval for such offerings including certification of faculty members to teach using technology prior to public announcement of the offerings. Units initiating travel study courses are not required to fill out this form but should fill out Form I or D as appropriate. Sections offered fully online or in an on-campus hybrid format must go through Form 94 process and should not use this form. This approval is valid for one term only. Instructor signature on this form indicates the instructor is responsible for delivering the course to meet SIUE's catalog course description and required departmental objectives.

**A complete syllabus for the proposed format must accompany this form.**

**1. Course information:**

A. Department:

---

B. Subject:

---

C. Course number:

---

D. Course title:

---

E. Credit hours:

---

F. List significant assignments:

G. Mode of evaluations:

**2. Schedule information:**

A. Include rationale for alternative format:

B. Term this course is to be offered:     Fall     Spring     Summer

C. Off or On campus:     On Campus     Off Campus

D. Indicate delivery method:     Face-to-face     Videoconference     Off campus hybrid

Southern Illinois University Edwardsville  
**Academic Review and Delivery Change Request for Graduate Class Sections - Form 93**

E. Beginning date: \_\_\_\_\_

F. Ending date: \_\_\_\_\_

G Day(s) of meetings:  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  Sunday

H. Time of meetings: \_\_\_\_\_ to \_\_\_\_\_

I. Instructor name: \_\_\_\_\_

J. Banner ID: \_\_\_\_\_

**3. Educational Outreach:**

A. Site where the course will be held: (include room number, if known)

B. Intended audience: (i.e. teachers, RNs, undergraduates)

C. Contact hours calculation:

Each credit hour requires 900 minutes of contact time for videoconference or on ground (hybrid classes excluded): \_\_\_\_\_

D. List additional support services required:

<u>Approvals:</u>	<u>Date:</u>
Instructor	_____
Department Chair	_____
Academic Dean	_____
Graduate School	_____
OEO Approval	_____
ITS Approval (videoconference only)	_____
Provost's Office	_____
Academic Scheduling	_____
To be completed by Academic Scheduling: CRN:	_____

This form is filed and kept in the Office of Educational Outreach.