

## Request for Developing an Online Course (MSVCC)

Please fill in the following form to request to develop a course for online delivery through the MSVCC.

One course per sheet.

Instructor's Name:						
Instructor's Holmes Email:						
<b>Instructor's Holmes ID Number:</b>						
Instructor's Campus:						
Instructor's Phone:	Office:			Cell:		
Course Title:						
Course Prefix:						
Course Number:						
First Term To Be Taught:	Sumn	ner	Fall	☐ Sprii	ng 20	
Is this your first time to teach online?			☐ Yes	□ No		
Have you had Canvas Training?			☐ Yes	□ No	Year	
Have you had Online Instructor Training			☐ Yes	□ No	Year	
Have you attended Virtual Training Sessions			☐ Yes	□ No		
List all Training Sessions Attended						
Please type your name and date.						
Instructor					Date:	
Department Chair					Date:	
ampus – AcademicDean/ areer Technical Director					Date:	
District – Vice President Academic/Career Technical					Date:	
eLearning Coordinator					Date:	
Please do not write below this line.						
Date Added to Banner:						
Date Added to Enrollment Tool:						
Course Title						
Canvas Shell Created						
Date Credentials Were Unloaded:						