**California State University, San Marcos**

**FORM E-T**

* **AUTHORIZATION TO OFFER TOPICS COURSES FOR ACADEMIC CREDIT THROUGH EXTENDED LEARNING •**

(Note: Extended Learning sections of topic classes for which the appropriate form E-T is not on file in the Office of Academic Programs will be removed from PEOPLESOFT as periodic audits of course offerings are performed.)

Note: Any proposed topic can only be offered two times before being converted to a non-topics course. Academic Programs will assign the appropriate suffix and edit the topic description provided.

1. College of: **Education**
2. Center/Program/Department: **Extended Learning**

3. Instructor: Katherine Hayden
   *(If more than one instructor will be teaching the course, list full name of the “instructor of record.”)*

4. Topic Abbreviation and Number: **EDST 633 EX**
5. Grading Method: **Normal**

6. Term: **Summer**
7. Year: **2008**
8. Variable Units*: **2**
9. Has this topic been offered previously? **Yes** **No**
   If yes, indicate term(s) **Spring 2008**

10. Topic Title: **Designing Online Experiences for Teaching and Learning**

11. **Topic Description:**
    Note: This part can be skipped if answer to part 9 is “yes.” *(NOTE: Please provide detailed information about the topic. Please type. You may also attach the topic description on a separate sheet if you do not have enough space.)*

    Prepares instructors to design online experiences using appropriate instructional media and assessment for effective web-based learning. Consent of Program Director required for enrollment

12. Does this topic have prerequisites? **No**

13. Does this topic have co-requisites? **No**

14. Does the topic require consent for enrollment? **Yes** **No**
   **Faculty** **Credential Analyst** **Dean** **Program/Center/Department - Director/Chair**

15. Is topic crosslisted? **Yes** **No**
   If yes, indicate which course __________ and obtain signature in #18.

16. What resources are needed to offer this topic (including technology)?
   *The course will be taught online via WebCT and has been funded by a grant.*

17. Justification for offering this topic.
   *Need for the Clinical Nursing Faculty Certificate*

* Enter units only if this is a variable-units topic course.
18. Does this topic impact any other disciplines? Note: This number can be skipped if answer to part 9 is “yes.”

   Yes x No    If yes, obtain signature(s). Any objections should be stated in writing and attached to this form.

   Discipline    Signature    Date    Support    Oppose
   Discipline    Signature    Date    Support    Oppose

19. Location (if topic not offered at main campus) ________________________________________________

20. Is this course being offered on-line? _x_ Yes    _x_ No

21. Is this a contract topic? _x_ Yes    _x_ No

22. Enrollment Limit __ 25 _____________

23. Requested Bldg/Room _______________

   Please call Extended Studies first to reserve the room.

Please note: A separate Form E-T must be submitted for each section offered.

SIGNATURES

1. Program/Center/Department – Director/Chair ____________________________ Date 6/4/08

2. College Dean (or Designee) ________________ Date ______________________

   The academic credentials of the instructor listed above are known to the Program/Center/Department (either regular faculty, or adjunct faculty with a curriculum vitae on file in the Program/Center/Department Office). The instructor is qualified to deliver the topic as described in part 9 (or on a previous Form ‘T’ or Form E-T in the case of a topic that has already been offered).

3. Dean of Extended Learning (or Designee) ____________________________ Date 6/5/08

   Completed form received in the Office of Extended Learning

4. Associate Vice President for Academic Affairs – Academic Programs ________________ Date 6/5/08 (2nd offering)

For Academic Programs Use Only: _x_ Must be signed and dated. Revised 6/10/08