

FITCHBURG STATE | School of GRADUATE, ONLINE UNIVERSITY | AND CONTINUING EDUCATION

ONLINE COURSE DEVELOPMENT COMPLETION

To be	Completed by the COURSE DEVELOPER	*
Name:	•	
Phone Number:	Department:	
E-mail:		
Course Title:	Semester	Hours:
Course Level: Graduate Undergraduate	Course Prefix & Number:	
Comments:	*	
Faculty Signature:Faculty Printed Name:	Date:	· · · · · · · · · · · · · · · · · · ·
racuity riffice Name.		
	ed by the PROGRAM CHAIR or DEPARTMENT CHAIR certify that it includes all content and materials required by governa	nce approval and catalo
description.		
Comments:		
Signature:	Date:	,
Printed Name:		
To be Course	pleted by the DIRECTOR OF DIGITAL LEARNING	
to be compl	pleted by the DIRECTOR OF DIGITAL LEARNING	
For Administrative Purposes and Stipend Request	* •	
Director of Digital Learning's Signature:	Date:	
	To be Completed by the DEAN	
Dean's Signature:	Date:	

File this form with Departmental accreditation materials. Begin normal course scheduling processes.

Print Form and Obtain Signatures