

Submission of Distance Education Course
 (Please fill out BOTH SIDES of this form COMPLETELY)

UMS CAMPUS UMFK Year _____ Fall Spring Summer & Session _____
(or Start & End dates)

COURSE # _____ **COURSE TITLE** _____ **CREDIT HRS.** _____

FACULTY NAME _____

Mailing Address _____

Phone # _____ **Fax #** _____ **Email Address** _____

MODALITY	<input type="checkbox"/> ITV	<input type="checkbox"/> Online (select one)	<input type="checkbox"/> Blackboard	<input type="checkbox"/> Other _____
	<i>Please call Don Eno if you are considering an online modality.</i>			
	<input type="checkbox"/> ATM	<input type="checkbox"/> Compressed Video (CV)	<input type="checkbox"/> Other _____	
List all desired receive locations for CV or ATM classes. _____ _____				

PREFERRED ITV TIME(S) _____ **PREFERRED ITV DAY(S)** _____

Please advise if you plan to use fewer than the allotted number of ITV timeslots for the course. Indicate the dates and times class will **NOT** use the Network: _____

COURSE DESCRIPTION AND PREREQUISITES: Please attach updated course description and list any prerequisites, including the course #'s and titles and any other guidelines that would be helpful to in registering students.
PLEASE LIST ALL SPECIAL DISTANCE EDUCATION STUDENT REQUIREMENTS ON THE BACK OF THIS FORM.

Does this course require students to get a Testing Proctor? No Yes

Will you be mailing back hand-corrected papers, tests or other items? No Yes

Are students allowed to enroll under a pass/fail system for this course? No Yes

_____ Faculty _____ Date
 _____ Div. Chair _____ Date

UMFK Submission Form DEADLINES

SUMMER- February 1 FALL- April 1 SPRING- Previous Oct. 1

Return the completed form to Donald Eno, UMFK 23 University Drive, Ft. Kent ME 04743; FAX 207-834-7506; email deno@maine.edu. Call Don Eno if you have questions- 207-834-7835 or 1-888-TRY-UMFK.
Forms returned after designated deadlines cannot be guaranteed timely support.

FOR OFFICE USE ONLY	Copy sent to: VPAA	Div. AA	ADDE
Date Received _____	Date accepted _____	Date sent to UC _____	

SPECIAL NEEDS / ADDITIONAL REQUIREMENTS FOR STUDENTS (i.e. special software or hardware, if students need to submit self recordings, field equipment, etc.)

Will students need to view **multimedia** (video/audio) No Yes

Will students be able to use **non-PC platforms** (Apple, UNIX) No Yes I Don't Know

Indicate required trips to campus or group trips: _____
Indicate required fees for this course: _____

SPECIAL NEEDS / ADDITIONAL REQUIREMENTS FOR FACULTY

Please check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Computer/media support in the broadcast classroom | <input type="checkbox"/> Lab time not over the system |
| <input type="checkbox"/> Computer/media support for students at sites (eg., conferencing, computer assisted instruction) | <input type="checkbox"/> Lab time over the system |
| <input type="checkbox"/> Special attendance requirements | <input type="checkbox"/> Training on course software for Faculty |
| <input type="checkbox"/> Potential copyright issues:
Print media | <input type="checkbox"/> Field trips |
| Electronic media | <input type="checkbox"/> Trips to a UMS campus |
| <input type="checkbox"/> Production of video or audio lectures | <input type="checkbox"/> Other _____ |

Please elaborate on each item checked in the above Faculty section.
