

Online Course - Supplement to the Course Outline of Record
Los Medanos College 2700 East Leland Road Pittsburg, CA 94565 (925) 439-2181

Department: _____ Course #: _____ Author: _____

Course Title: _____ If new course, beginning sem/year: _____

Total Units of Course: _____

Lab Hrs. : _____ Lecture Hrs. : _____

Instructions:

- Submit this completed form along with a copy of the course outline of record (COOR) or the Experimental course outline of record (900 form) to your Dean.
- Submit an ELECTRONIC COPY of this form and the course outline to the Office of Instruction.
- It is recommended that you consult with the Distance Education Committee, and for GE courses with the GE Committee, as their recommendation will expedite the approval of the Curriculum Committee.

<u>Information</u>	<u>Evaluation of Distance Education Committee</u>
<p>1. Sections of this course may be:</p> <p><input type="checkbox"/> Completely Online <input type="checkbox"/> Partially Online</p> <p>Percentage of Course Online : _____</p> <p>Percentage of Course Face to Face : _____</p> <p>Online Lab Hrs.: _____ Online Lecture Hrs.: _____</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Needs Clarification</p>
<p>2. In addition to Desire2Learn, will you also be using an additional online site (e.g. MyMathLab) where individual student work will take place (e.g. assignments, tests, etc.)?</p> <p><input type="checkbox"/> Yes If yes: 1. Specify the site: _____</p> <p><input type="checkbox"/> No 2. What percent of the overall course will be conducted on this site? _____</p> <p>Note: Student access of these sites must be done through Desire2Learn for the purpose of authentication.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Needs Clarification</p>
<p>3. Please describe <i>how</i> you will use the options below to achieve regular substantive instructor-student contact. Please include specific examples.</p>	
<p>a. Discussion Board (asynchronous)</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Needs Clarification</p>

b. Email	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification
c. Chat (synchronous)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification
d. Telephone/voice mail	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification
e. Face to face meetings (groups or individuals)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification
f. File exchanges (e.g. "digital drop-box")	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification
g. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Needs Clarification

- 5. For completely online GE courses only:** How do you propose to integrate the *oral communication (speaking) criterion* into your completely online course? Explain how the course will incorporate *both aspects* of the oral communication criterion in a completely online course. *(Reviewed by the GE Committee)*
- a. GE courses are required to “provide regular opportunities for students to **explore ideas and communicate orally.**” *Explain* how such **small group activities** will be achieved in a completely online course using technologies such as:
 - i. Telephone (teleconference/web conference)
 - ii. Synchronous Chat
 - iii. Other similar technology

 - b. In GE courses, “students should demonstrate the ability to **speak effectively both in small groups and whole class presentations.**” *Explain* how such presentations will be accomplished in a completely online course using technologies such as:
 - i. Web conferencing
 - ii. Video clips (audio visual recording)
 - iii. Oral Presentation to an audience with authorized proctor
 - iv. Other similar technology

General Education Committee Signature:

- GE Advisory Committee recommendation
- Recommended
 - Not recommended
 - Recommended with changes

GE advisory committee chairperson _____ Date _____

CURRICULUM COMMITTEE ACTION

- Curriculum Committee action
- Approved
 - Not approved
 - Approved with changes

Curriculum committee chairperson _____ Date _____ President _____ Date _____