vCBC Course Intent Approval Form
(vCBC Online Instructor Certification-Levels 1 & 2 must be completed)

Course Information

Course & Section Number: (ex. PSYC2301.001): _______________________________________

Description: _______________________________________________________________________

Has this course been delivered in a face to face format at Coastal Bend College:
___ yes  _____no

Have you previously taught this course in a face to face format?
___ yes  _____no
If so, please list the institution(s)
__________________________________________________________________________

Intended Course Delivery Method:
(please circle one and explain what system you will be using)

1) Videoconference

2) Online: Blackboard Other (please specify):_________________

3) Hybrid: _______________________________________________________________________

Intended Delivery Date: (please circle one)

Fall __________ Spring __________ Summer I ________ Summer II _________

Approval Signatures

Section Instructor (print): ________________________________________________
Signature: ___________________________________________________________________
Date: _______________________________________________________________________

Department Chair (print): ________________________________________________
Signature: ___________________________________________________________________
Date: _______________________________________________________________________

Distance Education: Yolanda Abrigo, LMS Coordinator
Signature: ___________________________________________________________________
Date: _______________________________________________________________________

Please send completed forms to Yolanda Abrigo in the Distance Learning Office in Beeville.