

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 Dean (print): _____

Signature: _____

Date: _____

Distance Learning: **Yolanda Abrigo, Director**

Signature: _____

Date: _____

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