*For use in reviewing requests to deliver a catalog course as a hybrid course.*

**Course Information:**

Department: Course Name:

Course Number: Credit Hours:

Targeted semester and year for this Course to be scheduled as a hybrid course:

Semester: Year:

**Faculty Information:**

Last Name: First Name:

Faculty Status:  Full Time  Adjunct

Email Address: Phone #:

**Contact Hours Report**

Provide a weekly breakdown of learning activities for this class and their contact hours (or equivalent). If there is not enough space here, you may attach a separate worksheet to this form. In addition, please attach a complete syllabus showing all student outcome assessment activities and student learning activities.

Contact Hours per Class Meeting: Contact Hours per Semester:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Learning Activity** | **Delivery Method (Online/On-Campus)** | **Contact Hours or Equivalent** | **Frequency** | **Total Contact Hours** | **Contact Hours (Percentage)** |
|  |  |  |  |  |  |
| Total Online Hours (must be less than 50%):Total On-Campus Hours: |  |  |
| **TOTAL CONTACT HOURS:** |  | **100%** |

**REVIEWS AND APPROVALS**

 **Unit Signature Date**

College/School Dean

**Please provide a copy of approved checklists to the SVP and the CDE.**