

**FORM B:**

**ONLINE COURSE DEVELOPMENT/TRANSLATION APPROVAL AND REMITTANCE**

Date: \_\_\_\_\_

Course number and name \_\_\_\_\_

Credit hours \_\_\_\_\_ Course developer \_\_\_\_\_

Design Assistant \_\_\_ Yes \_\_\_\_\_ No, did not use

Course development training completed: \_\_\_ Yes \_\_\_ No

Course development completion date \_\_\_\_\_

**Approval From Review Committee:**

Assoc. Dean of Online Learning \_\_\_\_\_ Date: \_\_\_\_\_

Provost \_\_\_\_\_ Date \_\_\_\_\_

Graduate Division Chairperson \_\_\_\_\_ Date: \_\_\_\_\_

Graduate or Undergraduate Dean \_\_\_\_\_ Date: \_\_\_\_\_

Assoc. VP of Technology \_\_\_\_\_ Date: \_\_\_\_\_

Date of Dean's Remittance Request to Business Office: \_\_\_\_\_

Amount of Remittance Request to Business Office: \_\_\_\_\_

Comments or Instructions to Business Office:

**Please return a completed copy of this Form B back to each of the offices below the for record retention.**

cc:

Graduate Division Chairperson

Associate Dean for Online Learning

Appropriate Dean

Provost

Associate Vice-President for Information Technology

Revised 4-30-14