



Distance Education Course Authorization Form

Complete this form and obtain all necessary signatures.

Campus mail: Vice Provost for Distance Education, MSC 3WEC
Delivery: Milton Hall, Room 185

DE OFFICE USE ONLY

CRN _____ Section _____

Date posted _____

Course information

Year: _____ Semester: Fall Spring Summer : Mini-semester I Mini-semester Other: _____

Start date _____ End date _____

Course Location/Bldg Code: Online/Technology-Based/S-MA Alamogordo/S-OT Albuquerque/S-BR Carlsbad/S-ED
 Grants/S-CI Los Alamos or LANL/S-LA Farmington/S-SJ WSMR/S-WSC Study Abroad or Outside NM/S-US
 Other _____

Course title: _____

Subtitle _____

Prefix _____ Number _____ Section M70 M71 M72 M73 M _____ Credit hours _____

Cross-listing _____

Enrollment: Open Instructor Signature Required

Maximum Capacity: _____

Meeting day(s): M T W Th F Sa Su Asynchronous

Meeting time(s): _____

Delivery method(s) - With each delivery method you choose, include the percentage of the course that is taught using that method.

_____ % WebCT _____ % Face-to-face
_____ % CENTRA _____ % Other _____
_____ % CD/DVD/Videotape (Must Equal 100%)
_____ % Two-way video (ITV)**

**ITV courses can have a non-fee section (M6x) associated with the course for on-campus students. Check here to create this section:

Additional course fees (Must have prior approval): _____

Notes/Comments/Additional Information for students:

Instructor information (Required):

First name _____ Last name _____

Banner ID number _____ Salary Account number _____

Email _____

Course requestor information:

First name _____ Last name _____

College _____ Department _____

Signatures:

Department Head

Date

College DE Director or College Dean

Date

*If both signatures are not present, this form will be returned to Course Requestor via Interdepartmental Mail.