

SPRING 2021

DISTANCE LEARNING COURSE TRANSMITTAL FORM

KEAN UNIVERSITY: THE UNIVERSITY SENATE

(For courses seeking DL designation, which includes those formally designed External Education Courses)

Must be submitted to the Senate Office in Electronic Format as Required

Contact Person: _____

Phone: _____

School Department / Program: _____

Email: _____

This is the original course proposal This is a revision Revision No. _____

School Department / Program Abbreviation: _____ Course No. _____ Credits: _____

Full Title of Course: _____

Previous Title (if appropriate): _____

Course Capacity: _____ Course Prerequisites: _____

Abbreviated Title (30 characters or less): _____

Proposed Date of Implementation: _____

Grade Type: Regular Pass / Fail CG / NC (Grad)

() ***Semester Credit Hours for this course were reviewed by the College Curriculum Committee***

PROPOSED ACTION

- Add DL Designation to Existing Course
 - Add Hybrid Module
 - Add Fully Online Module
- Removal of DL Designation
- Other (Specify) _____

**(If change affects a program, the program(s) must be submitted to the UCC)*

*** (If any other course actions are taken simultaneously, e.g. course creation or revision, the appropriate additional transmittal form should also accompany this proposal).*

ACTION AND SIGNATURES

Affected School / Department Program Signatures on p. 2 (Requires Chairs Signature only) Yes No

School / Departmental / Program Action

(Complete p. 2 if approval by more than one School / Department / Program is required)

School / Department / Program: _____ School / Department / Program Approval Yes No

Vote: Yes / No / Absent

School / Department Program Curriculum Chair: _____ Date: _____

Department Chairperson, Program Coordinator or Executive Director: _____

Signature: _____ Date: _____

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KEAN UNIVERSITY: THE UNIVERSITY SENATE

College Curriculum Committee Action (use p. 3 if it requires approval by more than one College)

College Curriculum Committee where course proposal needs approval:

CLA SVPA BPM NWGC COE NAHS MGC NJCSTM

College Curriculum Committee Chairperson: _____ Date: _____

Approved Return for revision Rejected

Dean's Action (complete p. 3 if receipt by more than one Dean is required)

College Dean's Receipt: _____ Date: _____

DL Committee Chairperson (signature) _____ Date: _____

Date Completed and approved course document received by Senate Office: _____

*To be completed and attached only if the approval process involves or affects more than one
School / Department / Program and / or college*

School / Departmental / Program Action (continued from page one)

School / Department / Program: _____ School / Department / Program Approval Yes No

Vote: Yes / No / Absent

School / Department Program Curriculum Chair: _____ Date: _____

Department Chairperson, Program Coordinator or Executive Director: _____

Signature: _____ Date: _____

School / Department / Program: _____ School / Department / Program Approval Yes No

Vote: Yes / No / Absent

School / Department Program Curriculum Chair: _____ Date: _____

Department Chairperson, Program Coordinator or Executive Director: _____

Signature: _____ Date: _____

School / Department / Program: _____ School / Department / Program Approval Yes No

Vote: Yes / No / Absent

School / Department Program Curriculum Chair: _____ Date: _____

Department Chairperson, Program Coordinator or Executive Director: _____

Signature: _____ Date: _____

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KEAN UNIVERSITY: THE UNIVERSITY SENATE
College Curriculum Committee Action (continued from p. 1)

Second (2nd) College Curriculum Committee where course proposal needs approval:

CLA SVPA BPM NWGC COE NAHS MGC NJCSTM

College Curriculum Committee Chairperson: _____ **Date:** _____

Approved Return for revision Rejected

Third (3rd) College Curriculum Committee where course proposal needs approval:

CLA SVPA BPM NWGC COE NAHS MGC NJCSTM

College Curriculum Committee Chairperson: _____ **Date:** _____

Approved Return for revision Rejected

Fourth (4th) College Curriculum Committee where course proposal needs approval:

CLA SVPA BPM NWGC COE NAHS MGC NJCSTM

College Curriculum Committee Chairperson: _____ **Date:** _____

Approved Return for revision Rejected

Dean's Action (continued from p. 2)

Second (2nd) Dean's Receipt: _____ **Date:** _____

Third (3rd) Dean's Receipt: _____ **Date:** _____

Fourth (4th) Dean's Receipt: _____ **Date:** _____

If more than one Dean's signature is required, these signatures must be obtained before submission to the University Senate Office for final distribution