



School of Professional Studies

COURSE SITE APPROVAL

Name of Course Site Developer: _____

Email address: _____

Telephone number: _____

Home Campus & Dept. or Professional Affiliation _____

FT or PT State Employee? ☐ Yes _____ ☐ No State Affiliation

Name of Course: _____

Program/Major: _____

Signatories below affirm that they have reviewed this course site as written by the course site developer, and approve its addition to the curriculum of the program or major named above. No course may move forward without the approval of two peer reviewers and the Academic Director.

Peer Reviewer #1: _____

Peer Reviewer #2: _____

Title: _____

Title: _____

Home Campus/Dept.: _____

Home Campus/Dept.: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

By signing below, the Academic Director of the program for which this course site was developed affirms that the above-named course site developer has fulfilled his/her obligations as outlined in the Copyright Assignment Agreement, and approves initial payment to the course site developer as outlined in the Agreement.

Academic Director: _____

Signature: _____

Date: _____

Approved for payment

Rachel Levine, Associate Dean for
Administration and Finance

Date

\$ _____
Payment amount