eLearning Change Request Form

This form facilitates requests for personnel and class data to be added to the Learning Management System

**Section 1 - Course Change Request**

Instructor of Record: \_ Course ID: Date:

Department: School or College:

**Requested Action (check applicable request)**

|  |  |
| --- | --- |
| Add one of the following: |  |
| □ Instructor□ Observer | □ Faculty Teaching Assistant□ Graduate Teaching Assistant | □ Student□ Other/Course Shell |

Enrollment Name: \_ BB Login ID:

Rationale:

Course Name: \_

**Section 2 – Requesting Department Approval**

*Please obtain your departmental approval below for this request.*

Chair Approval

Date

 Dean Approval\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please forward this form to The Dean of the Online College at mcswaina@cookman.edu

An electronic copy of this form will be forwarded to the appropriate dean.

----------------------------------------------------------***Internal Use Only***--------------------------------------------------------- Dean Online College Date Received:

New Course Shell ID:

Date Completed: