Online & Continuing Education
UMass Dartmouth

Online Course Development Request

Employee Name (Last, First, Middle Initial)	Position Title	Employee ID & Record #	Department Name

Telephone	Email		HR Use Only
			Salary:

Anticipated Delivery Term: Spring Summer Fall

Earnings Code:
Reason:

Delivery Year:	
Course Number and Title:	

HR Account Code: Dxxxxxx (Speed Type)	Fund # 5xxxx	Department ID # Dxxxxxxxx	Work Start Date	Work End Date	Total Compensation $
105558	51035	D237805000			$ -
				Total Amount	$ -

Signature Approvals

_____   _____
Employee/Developer Signature   Date

_____   _____
Department Chairperson   Date

_____   _____
College Dean   Date

_____   _____
Assistant Vice Chancellor, Online & Continuing Education (Budgetary Authority)   Date

_____   _____
Office of Human Resources   Date

Online Course Development Checklist   *(Online & Continuing Education internal use only)*

Contract sent to developer

_____
Date

Contract returned from developer

_____
Date

Course successfully completed review process

_____
Date

Contract sent for payment

_____
Date