



Name:

Email:

Course prefix number (ex: MS 123):Course name:

Brief course description:

Web Link to course sandbox/master shell:

Has the course been offered online at least twice?

Is the syllabus set by the institution or may the instructor modify it?

**Have you successfully completed ATS professional development programs
QE 1 and QE 2?**

What is your goal of having your course internally reviewed?

How will you use the results of the internal review for your course?

**Will you be able to commit to completing the internal review process that
consists of 10 weeks?**

Faculty Signature: _____

Date: _____