

# DDPD Course Submittal Form

*Please complete all information. It is important that CMU receives complete and accurate information for all persons and organizations listed.*

## Sponsor Information

Has any Sponsor Information changed?  Yes  No  Don't know

School/District/Organization: \_\_\_\_\_

Superintendent/CEO: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## Contact Information

Has any Contact Information changed?  Yes  No  Don't know

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

## SCECH Information

Would you like to request a letter of approval to offer SCECH's as college conversion?  Yes  No

Who is the SCECH Provider?: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_

## Course Information

Course Title: \_\_\_\_\_

*(Please make sure the course title listed here matches the course title listed on the syllabus.)*

Credit Hour Request: **(select one)**  1 credit hour = 15 contact hours  2 credit hours = 27 contact hours  
[\(view credit hour requirements\)](#)  3 credit hours = 36 contact hours  4 credit hours = 48 contact hours

If other, please specify: \_\_\_\_\_

Number of Course Contact Hours: \_\_\_\_\_ Course Start Date: \_\_\_\_\_ Course End Date: \_\_\_\_\_  
[\(view contact hour guidelines\)](#) [\(view CMU semester guidelines\)](#)

Course Location: \_\_\_\_\_ Credit Enrollment Estimate: \_\_\_\_\_

Course Designator: **(select one)**  EDU 508  EDL 592  other \_\_\_\_\_  
[\(view course designator guidelines\)](#)

List all Course Meeting Dates and Times (view academic calendar)

**\*\* Please enter only one date per line.**

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

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Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Was this course previously offered?  Yes  No If yes, please indicate when: \_\_\_\_\_

Provide name of instructor previously approved by CMU: \_\_\_\_\_

Select the option that applies: Course syllabus/outline:  Submitted online  On file at CMU  
 To be mailed  To be e-mailed to CMU  To be faxed to CMU

### Instructor of Record Information

Has any Instructor of Record Information changed?  Yes  No  Don't know

Check here if the Instructor of Record information is the same as the contact information above. **If the Instructor Information is the same as the Contract Information *only the Instructor Name is necessary.***

Instructor Name: \_\_\_\_\_

School/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Select the option that applies:

#### Instructor of Records' Credentials

On file at CMU  To be e-mailed to CMU  To be mailed to CMU  To be faxed to CMU

### Revenue Sharing Information

Check here if the revenue-share agency information is the **same** as the Sponsor Information above. **If the Revenue Sharing Information is the same as the Sponsor Information *only the Revenue-Share Agency is necessary.***

Revenue-Share Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Note:** The revenue share check will be issued to the sponsoring school, district or organization and mailed to the contact person.

Save to your desktop and e-mail to [profdev@cmich.edu](mailto:profdev@cmich.edu).

**\*\* Please save and print a copy of this form for your records.**