



Off-Campus Programs

# 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: \_\_\_\_\_

## 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: \_\_\_\_\_

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 your district's CMU Client Representative: **(select one)**

[amy.hodges@cmich.edu](mailto:amy.hodges@cmich.edu)

[k.schmittler@cmich.edu](mailto:k.schmittler@cmich.edu)

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