# Nebraska_N_RGB

# Course Delivery Modification Request

Course-specific needs may emerge that necessitate along-term change to the course delivery model after the course schedule has been planned, published and students have enrolled. For temporary changes in course delivery that will last less than two weeks, contact the department or program chair. For changes to course delivery after the semester has begun that will last longer than two weeks, the Course Delivery Modification Request Process is required.

Complete one form for each course for which a modification is being requested. Submit the completed form to the department/program chair for submission to the college dean’s office for review and approval.

# Instructor Contact Information

|  |
| --- |
| **Instructor Name** |
|  |
| **Instructor Email Address** |
|  |
| **Instructor Phone Number** |
|  |
| **Department/Program** |
|  |
| **Immediate Supervisor Name** |
|  |

#  Course Information

|  |
| --- |
| **Course Code, Section Number and Course Title** |
|  |
| **Course Delivery Method** |
|  |
| **Total Student Enrollment** |
|  |
| **Meeting Days and Times** |
| M | T | W | Th | F |
| **Is this course part of a multi-section course?**  | **Is this Course Cross-listed? If yes, which courses?** |
|  |  |
| **Is this course a prerequisite for another course? If yes, which courses?** |
|  |

# Requested Course Delivery Modification

|  |
| --- |
| **Requested Course Delivery** |
|  |
| **Requested Start Date for Modified Course Delivery** |
|  |
| **Requested End Date for Modified Course Delivery** |
|  |
| **Course Specific Reasons Prompting this Request**  |
| * Diminished instructional staff capacity
* Student attendance concerns
* Technological or other COVID-related challenges
 |

# Description of Requested Course Delivery Modification

 **Describe the requested course delivery modification:**

**Explain the course specific reasons prompting this request:**

1. *If this request relates to diminished instructional staff capacity*
	1. *explain the number of individuals involved*
	2. *impact on the course*
2. *If this request relates to student attendance concerns, please provide as much information about this as possible.*
	1. *What are the current attendance/engagement expectations for this course?*
	2. *How does current classroom attendance compare to previous attendance patterns for this course or section?*
	3. *If the class also has a remote, web conferencing or online component, what are the attendance patterns for that segment of the course?*
3. *Explain the nature of any technological or other COVID-related challenges.*
	1. *Would changing the course delivery alleviate them?*
	2. *Would changing the course delivery introduce new challenges? If so, what strategies are envisioned to address those issues?*

# Impact of Requested Course Delivery Modification

**Explain the impact of the requested course modification on course assessment and engagement expectations.**

**Recognizing the potentially disruptive impact of modifying course delivery after the course has begun, please describe the steps that will be taken to minimize consequences for student success that may be associated with this modification.**

**If this course is a prerequisite or part of a multi-section course, how will the proposed modifications impact student learning outcomes, relative to other sections or future courses?**

**If approved, how will the modification be communicated to students?**

# Signatures of Approval

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair/Head/Director Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean Date