



Conversion of Posted On-Campus Office Hours to Electronic Office Hours

Instructor _____ Email _____ Phone _____ Campus _____
Dept. _____ Course _____ Mode: Online _____

Approval of this form reduces only the ADDITIONAL on-campus office hours required of online faculty.

How many office hours are you seeking to reduce in posted office hours for this course? _____

- This request is for the following semesters: _____ ex. SP '15, SU '14, FA '14
- This request begins in the _____ semester and is in place for as long as this instructor teaches this course with the listed activities. **A reduction in interactive activities requires resubmission of this form for the approval process.**

Course Activities: What aspects of your online course serve a purpose similar to the one-to-one interaction available during on-campus office hours and increase student engagement? Ex: email, journal, phone, forum, assignment, IM, etc.

Activity: _____ Frequency _____ Is this activity required _____ Grade Value _____

Explanation: _____

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Explanation: _____

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Explanation: _____

Approval:

Division Chair _____ Date _____ Approved Not Approved