

# Online Course Proposal

**EMAIL** 

Course Developer

NAME

EMPLOYMENT STATUS Full Time Part Time		JHED	
EXPERIENCE (Optional)			
As online student?		As online instructor	
As online course developer?		With proposed subj	ect matter?
CO-DEVELOPER NAME		EMAIL	
roposed Course			
COURSE NAME			
DEPARTMENT		COURSE ID (if known)	
	Undergraduate	CREDITS	Required
Conservatory	Graduate	CKEDITO	Elective
Preparatory	Both UG/Grad		Existing Course
	Non-credit		New Course
COURSE DESCRIPTION			
OUTLINE OF SYLLABU	S TOPICS		
PREFERRED SEMESTER LAUNCH		SPECIAL CONSIDE	ERATIONS

The Peabody Institute of The Johns Hopkins University

## Online Course Proposal

## Department Chair

NAME OF CHAIR	EMAIL	
HOW OFTEN TAUGHT Fall Spring Summer	STUDENTS PER YEAR	EXTERNAL AUDIENCES
IMPACT TO DEPARTMENT		
ADDITIONAL COMMENTS		

#### **Approvals**

SIGNATURES	DATE
COURSE DEVELOPER	
COURSE CO-DEVELOPER (if applicable)	
DEPARTMENT CHAIR	

#### For Review Committee

GENERAL COMMENTS	
ONLINE COURSE COORDINATOR	
DIRECTOR OF LEARNING INNOVATION	
SR ASSOC DEAN OF INSTITUTE STUDIES	

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