



OHIO
UNIVERSITY
Chillicothe Campus

Online or Hybrid Course Approval Signature Form

Effective: March 1, 2014

By signing this form, I am requesting authorization to develop a blended/online course for Ohio University Chillicothe, and acknowledge and agree to the terms set forth in the campus *Online or Hybrid Course Development Policy* established April, 2008 and revised March 1, 2014.

Please Print

Faculty Name: _____

Signature: _____ Date: _____

Course Name and Number:

RHE Program Coordinator (Where applicable)

Signature: _____ Date: _____

Campus Associate Dean (this approval indicates Athens Department Clearance form obtained and on file)

Signature: _____ Date: _____