



Request to Teach an Online Course (MSVCC)

Please complete this form and acquire all required signatures.

Name:			
Holmes Email:			
Holmes ID Number:			
Campus:			
Phone Numbers:	Office:	Cell:	
List All Courses That You Teach F2F			
List All Courses That You are Interested in Teaching Online in Order of Preference			
First Term To Be Taught:	<input type="checkbox"/> Summer	<input type="checkbox"/> Fall	<input type="checkbox"/> Spring Year
Is this your first time to teach online?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you had Canvas Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year
If yes, who provided the training?			
Have you had Online Instructor Training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Year
If yes, who provided the training?			
Have you attended Virtual Training Sessions within the last 2 years? If so, how many?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	How Many?
List the Certificates you earned in these Training Sessions			
Please type your name and date.			
Instructor		Date:	
Division Chair		Date:	
Campus – Academic Dean/ Career Technical Director		Date:	
District – Vice President Academic/Career Technical		Date:	
eLearning Coordinator		Date:	