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| **COURSE INFORMATION** |
| 1. Course Title: 2. Course Number: 3. Faculty Course Author(s): 4. Departmental / Program Affiliation: 5. Average Number of Enrolments per Offering: 6. Average Number of Sections per Offering: 7. Course Offerings Schedule: 8. Date of Original Authorship: 9. Last Major Revision (Completion Date): 10. Current Course Instructor(s): |
| **Please describe the scope of the revision. Please address both the course content as well as the learning design.** |
| **CHANGES TO COURSE**  What are your intended changes to the following aspects of the course? Provide as much detail as you can. |
| Course Learning Objectives / Outcomes |
| Assessment tasks / Assignments |
| Formative Learning Activities |
| Learning Materials (e.g., interactive elements, videos, written text, academic readings, etc.) |
| Learning Technologies |
| Role of the instructor (i.e. How will the role of the instructor in this course change?) |
| Role of the learner (i.e. How will the role of the learner in this course change?) |
| **Will your contribution to this revision go beyond content creation?** |
| **If you are collaborating with somebody on this revision, please also indicate your respective roles. Ideally, there will be 1 TT faculty course author per major revision and there can be multiple additional authors whose contribution will be recognized in the Creative Commons License.** |
| **When do you plan on working on this revision? (Note: It is recommended to meet with ETS staff as soon as this revision is approved)** |
| **When do you expect the revised course to be offered?** |
| **Please provide 2 or 3 recommendations for an Academic Reviewer, ideally external to your dept. or UBC (these individuals should be experts in this subject matter and hold academic positions). As required, Department or Program faculty may act as Academic Reviewer.** |
| **What do you think will be needed for post-revision maintenance for the three years following this revision?** |
| **Please describe any media development that you would like done for the revision (e.g., video, graphics, animation). If there are budgetary implications, these need to be pre-approved.** |
| **APPROVAL**  Email Director of ETS to approve, or complete form below and email to same. |
| **Department Head / Director Name:**  **eSignature (initials)**  **Date Approved:** |