**Travel-Learning Proposal:**

**Information from Department Chair**

*Please have your department chair supply the information requested on this page and email it to*

*Karen McNeal (*[*ksmcneal@owu.edu*](mailto:ksmcneal@owu.edu)*) in Academic Affairs.*

Name of Travel-Learning course proposer:

Name of Department Chair:

Academic department:

Tentative title of course:

Please complete the following teaching schedule for the next academic year in order to explain how this course will be accommodated by the proposer.

If course is approved:

|  |  |
| --- | --- |
| Fall | Spring |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If course is not approved:

|  |  |
| --- | --- |
| Fall | Spring |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

If awarded the travel learning class, will the instructor use a “2+” term under the workload plan?

If this course is approved, will additional part-time faculty be required as a result of the change in the proposer’s teaching schedule? Please give details.