**VIULearn Manual Course Request + Renewal Form**

**Instructions:** Insert all the required information. Obtain the signatures of the contact person and program chair.

**Rationale for a Manual Course Request**
*<insert a short paragraph outlining the situation and how this request meets the criteria as outlined in this document, please ensure you have discussed with a Learning Technologies Support Specialist in the Centre for Innovation and Excellence in Learning before completing this form>*

**Contact Person**
*(this will be the name of the key person responsible for the course, design and development, uploading and managing content, adding/deleting participants, ensuring the course is current and useful to all etc.)*

**Full Name:** <insert name here>
**Position:** <insert position title here>
**Faculty:** <insert Faculty name here>
**Program:** <insert program name here>
**Phone Number:** <insert phone number here>

**Manual Course Name**
*(this will be the name that appears to students and faculty in their listing of courses, found under the semester “Ongoing”, ensure the title is representative of the intent of the course)*

<insert suggested name here for your Manual Course>

 **Conditions for Manual Course Creation**

This “Manual Course” is set up on the condition that the Contact Person (listed above) will take sole responsibility for the content, design, development and functionality components, as well as adding/deleting students/faculty as needed. The Centre for Innovation and Excellence in Learning is available through emailing learnsupport@viu.ca to obtain assistance accessing training materials, answering questions about functionality and operations of the site and any related support requests. The Centre does not add content, students or faculty and does not manage the site at all. Each year (in July) all of the Manual Courses are reassessed and in August each year the contact person will get an email requesting details on the continuance or decommissioning of the Manual Course depending on needs.

**Signatures of Support**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Chair Name** (print) **Program Chair Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact Person Name** (print) **Contact Person Signature**