

# Interactive Video and Off-Campus Proposal Form

(Do not enter interactive video or off-campus classes into the CRSE database)

Semester  Year  ☐ Interactive Video ☐ Off-Campus Regular

Program Coordinator   
(Name to list as the contact for student questions)

Instructor  Title/Rank  Phone   
(Name(s) to list in official publications)

Class Title

Course Code & No.  Credit Hours  Jointly Offered as

Hours in Session From  To  Days of the Week

Dates to be Offered  Location  Max. Enroll

MSU ITV Room Preference ☐ Glass ☐ Kemper ☐ Karls ☐ Hill ☐ PCOB

Interactive Video Site(s) ☐ Joplin ☐ Lebanon ☐ Neosho ☐ Nevada ☐ West Plains ☐ Mtn. Grove  
☐ Other

Permission required? ☐ Yes ☐ No Contact  Phone

Prerequisite waived? ☐ Yes ☐ No

Is this class a result of a grant? ☐ Yes ☐ No

If yes, please attach a schedule of fees that the student will pay and grant number.

Are any additional fees required? ☐ Yes ☐ No If yes, amount:

Explain:

Please check all items below which apply to this program:

☐ Request faculty compensation in the amount of

☐ Request financial support (other than compensation) from Interactive Video or Off-Campus in the amount of

☐ May need special admission and/or registration arrangements.

☐ May need special arrangements regarding fees, such as reduced fees.

Explain:

Recommended

\_\_\_\_\_  
Faculty Member Date

\_\_\_\_\_  
College Dean Date

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Outreach Date

Office use only:

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