Application for Peer Review of an Online Course

Faculty Name:

Course Name and Number:

How many semesters have you taught this course?

Have you any special requests or concerns?

Home Address:

Dates you will be developing this course
- Beginning date:

- Ending date:

(Keep in mind we need a month to do the peer review before the course is offered to students. This can be done at the beginning before you design or after you have it designed – that is your choice).

Thank you. Please email this form to:

Dr. Susan Sutton
suttonsr@roanestate.edu
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