

DL COURSE 3-YEAR REVIEW

**University of Washington
College Curriculum Committee**

For Office Use Only:

Prefix (6 characters max.)

Number

Offered jointly with:

| | | |
|-------------------|------------|------|
| College or School | Department | Date |
| Course Title | | |

1. Describe any changes to the DL version of the course that have occurred since the initial approval using the information provided on the New Course Application or the Course Change Application, whichever was submitted for the initial approval.

2. Provide evidence to show how the DL version meets the educational outcomes of the course. If an in-classroom version of the same course exists, provide evidence that the DL course meets the same educational outcomes as the in-classroom course.

3. Provide data on completion rates for DL course. If available, compare to data for in-classroom version of course.

4. APPROVAL

Date

Chair/Director of submitting department/unit _____

College Curriculum Committee _____