



Conversion of Posted On-Campus Office Hours to Electronic Office Hours

Instructor _____ Email _____ Phone _____ Campus _____
Dept. _____ Course _____ Mode: PCM ITV HYD

What percent reduction are you requesting in posted office hours for this course? _____%

- This request is for the following semesters: _____ ex. SP '08, SU '08, FA '08
- This request begins in the following semester _____ and is in place for as long as this instructor teaches this course.

(The office hours for a Distance Learning course must equal one hour plus the amount of time that the class would meet on-campus (AR#4.03.004 – <http://www.austincc.edu/admrule/4.03.004.htm>). Percent is used rather than the number of office hours so that the request can be adjusted for short session during 12 week semesters and summer sessions.)

Approval:

Departmental Chair _____ Date _____ Approved _____ Not Approved _____

Instructor needs to send a copy of the completed and signed form to Distance Learning where it will be attached to the Distance Learning Course Approval form for the course listed above.