

## Course Offerings Form

### General Information

General Information

Please complete the information below for all courses offered during a single semester. Any questions can be directed to OTSSP@ferris.edu.

### Things to keep in mind when completing this form:

- Complete a separate form for each semester courses are offered.
- When possible, courses should be offered on a semester basis to reflect traditional college courses offered on-campus (Unless arranged with OTSSP).
- The Ferris academic calendar can be viewed here <https://www.ferris.edu/HTMLS/academics/calendars/homepage.htm>.
- Contact hours for the Ferris courses must be met.

### High School / Career Tech Center Information

|  |               |                       |                |                 |
|--|---------------|-----------------------|----------------|-----------------|
| High School / Career Tech Center Name: | Contact Name: | Contact Phone Number: | Contact Email: | Date Completed: |
|  |               |                       |                |                 |

### Course Information

Semester course(s) will be offered

Fall 20 \_\_\_\_\_ Spring 20 \_\_\_\_\_ Summer 20 \_\_\_\_\_

If you need to submit additional courses for the same semester, please provide the requested course information on a second sheet and email to FerrisNow@ferris.edu.

| Course Number<br>(ex. ENGL 150) | Course Title<br>(ex. English 1) | Instructor Name | Course Credit Hours<br>(ex. 3) | Course Start Date | Course End Date | What delivery format will be used? F2F, Fully Online, Mixed | Days of week course will be taught<br>(ex. M,W,F) | Course Start Time | Course End Time |
|---------------------------------|---------------------------------|-----------------|--------------------------------|-------------------|-----------------|---|---|-------------------|-----------------|
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |
|                                 |                                 |                 |                                |                   |                 |   |   |                   |                 |