TRAINING CONFIRMATION FORM

Online/Hybrid Course Development/Instruction

Course Developer
Name:
Department:
Course ID and Title:

Desire2Learn (D2L) Training*
D2L Training (FITC)
Training Date(s):
Trainer Name:
Trainer Signature:

Instructional Design Specialist Training
Pedagogy Training (Instructional Design Specialist)
Training Date(s):
IDS Name:
IDS Signature:

OFM Meeting/Communication
Meeting/Communication Date:
OFM Name:
OFM Signature:

Please send signed form to: Distance Education Faculty Services, MTSU Box 54, or scan/email to carol.hayes@mtsu.edu.

*New instructors are only required to complete D2L Training, and that is the only signature required on this form.