TRAINING CONFIRMATION FORM

Online/Hybrid Course Development

Course Developer
Name:
Department:
Course ID and Title:

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

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

OFM Meeting/Communication
Peer Review Form/Course Design
Date(s):
OFM Name:
OFM Signature:

Accessibility
Training Date(s):
Trainer Name:
Trainer Signature:

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