

Principles of Good Practice Certification

The Texas Higher Education Coordinating Board and SACS require that credit courses, academic degree, and certificate programs in which the majority of instruction occurs when the student and instructor are not in the same place meet the "Principles of Good Practice." SACS includes courses/programs delivered by correspondence, audio, video, or computer technologies. Course authors should complete the following form in order that the University be able to document compliance with these requirements.

Course/program information

Name of course/program:

Course and prefix number:

Name(s), title(s), departments of instructing faculty:

Name, title, phone and email of key contact person:

Please provide the web address and any necessary login and password information for viewing online courses. For courses using mixed delivery modalities, please indicate how the course may be viewed.

Course Copyright and Permissions:

Name(s) of course copyright holder(s):

Have you confirmed that you are exempt from liability from infringement for the use of course materials that were not developed by the copyright holder? (yes/no) **No** **Yes**

If not, have you acquired permission to use or link to the materials? (yes/no) **No** **Yes**

[Need help with copyrights? See <http://www.itts.ttu.edu/documentation/laws/index.html> for additional information about the Digital Millennium Copyright Act, state and federal statutes, and TTU System policies.]

APPROVALS

Please return this document to the Office of the Provost with all signatures as indicated below.

FACULTY COMMITMENT (to be completed by instructing faculty)

I certify that I have read the Principles of Good Practice, which may be viewed at www.de.ttu.edu, and that this course/program meets the Principles. All efforts have been made to ensure that copyright permissions have been obtained.

[Need more information about how the Principles might be applied in course design? Contact the TLTC at 742-0133.]

Faculty _____

Date _____

DEPARTMENT/COLLEGE/INSTITUTIONAL APPROVAL AND COMMITMENT

Department chair _____

Date _____

Dean _____

Date _____

Provost: _____

Date _____