

**Illinois State University
Office of the Provost
Contract Course Application**

When will the course be offered:

Year: _____

Fall ____ Spring ____ Summer ____

Person Submitting Application: _____ Department/School: _____

E-mail: _____ Phone: _____ Fax: _____

Date Submitted: _____

Contract Courses by be affiliated with a Grant or an Agency. Complete the following section based on the appropriate affiliation:

Grant Related Course

Grant Information (Grant pays cost of Instruction)

Name of Grant: _____ Granting Agency: _____

Principal Investigator: _____ Phone: _____

Datatel Account Number (if known at this time): _____

E-mail: _____ Grant Start Date: _____ End Date: _____

Estimated Enrollment: Undergraduate Students: _____ Graduate Students: _____

Attach a copy of grant budget summary approved by Grants Accounting to document that the grant will cover the cost of instruction (salary and any related expenses) and course processing fee of \$675 that is assessed each time the course is offered.

Agency Paid Course

Agency Information

Contracting Agency: _____

Street Address: _____

City _____ State _____ Zip _____ Agency Contact Person: _____

Phone: _____ Email: _____

Course Information

Course Dept: _____ Course Number: _____ Section # (must be section 91, 92, etc.): _____ # Credit Hours: _____

Course Title: _____ Program Affiliation: _____

Max Number of Students: _____

Course Start Date: _____ Course End Date: _____ Days Course Meets: _____

Times: _____ Building/Room preference if on campus: _____

Delivery Method: Face-to-Face: _____ 100% Online: _____ Hybrid/Blended: _____

Notes to students if course is hybrid/blended: _____

Course location if offered face-to-face or hybrid: _____ *Note: Off campus course locations require IBHE approval. If you are unsure if your location is approved, please contact Bruce the Office of the Provost before submitting application. (309) 438-7018*

Street Address: _____

City: _____ State: _____ Zip: _____

If the course is Agency Paid and offered on campus, a negotiated overhead charge will apply. See required Budget Worksheet on website.

D. Instructor Information

ISU Instructor of Record: _____ Tenure Track : Yes _____ No _____ UID #: _____

Phone: _____ Campus Address: _____ E-mail Address: _____

Signing below verifies that you agree to pay the direct expenses associated with this course if the course enrollment decreases (from projected number on approved estimated budget) and does not cover expenses.

Department Chair/School Director Signature: _____ Date: _____

College Dean Signature: _____ Date: _____

Provost (or Provost Designee) Signature: _____ Date: _____

Submit to Amy Witzig, Office of the Provost, Hovey 401 amwitz@ilstu.edu, Phone: (309) 438-7018