



South Carolina State University Online Teaching Certificate Program Application Form

Submit application w/ required documents to bwilli59@scsu.edu

Applicant Information	
First Name	Last Name
Department	Position
Department Chair	
Phone	E-mail
How long have you been teaching online? _____ years _____ months	
Office Location	
Office Hours	
Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____	
Program/Certificate Option	
Please choose one of the following options: (refer to South Carolina State University Online Teaching Certificate Program Options Comparison Chart)	
<input type="radio"/> Option A <input type="radio"/> Option B <input type="radio"/> Option C	
Required documentation attached? <input type="radio"/> Yes <input type="radio"/> No Comment(s): <i>*Refer to SCSU – Online Teaching Certificate Options Document*</i>	
Prerequisites Completed: <input type="radio"/> "An Overview of Distance Education @ SCSU" Session Completed on: _____ <input type="radio"/> Blackboard Learn 9.1 Essentials: (BB101) Completed on: _____ **Exemptions should be noted by entering EXEMPT in "Completed on" field**	

Signature of Applicant
CTLES USE ONLY

Date

Date Received _____

Application Status: Approved
 Additional Items Required

Reviewed by _____

Comment(s):