



CENTER FOR TEACHING  
LEARNING AND EXTENDED STUDIES

South Carolina State University  
Online Teaching Certificate Program Application Form

Submit application w/ required documents to Dr. Diane Burnette at: dburnet1@scsu.edu

Applicant Information	
First Name	Last Name
Department	Position
Phone	E-mail
How long have you taught online? _____ years _____ months	
Program/Certificate Option	
<b>I am seeking online teaching approval through the following option (select one):</b>	
<input type="radio"/> <i>eFellows</i> Course <input type="radio"/> Course Review <input type="radio"/> Training from External Provider	
(Submit registration for eFellows course)	
<b>For Course Evaluations Only:</b>	
1. Title of Course to be evaluated _____	
2. Level of course to be evaluated: Graduate _____ Undergraduate _____	
3. Most recent term and year course offered _____	
4. Type of course: Hybrid _____ Partially Distance Ed _____ Fully Distance Ed. _____	
<b>Attachments:</b>	
1. Training from External Provider – Attach a copy of the Certificate of Completion. The certificate must have been issued within the past five (5) years. Include the name of provider, course title, course dates, and course learning objectives.	
2. Course Review – Attach a copy of the most recent course syllabus.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**CTLES USE ONLY**

Date Received \_\_\_\_\_

Application Status:  Approved  
 Additional Items Required

Reviewed by \_\_\_\_\_

Comment(s):