

**Office of the Dean of Academic Affairs
Compensation for SLN or Blended Course Creation**

Faculty Name: _____

Department: _____

Name and Course Code # of Full On-line Course: _____

Semester the Course will be offered: _____

Payment in the Amount of: _____

Name and Course Code # of Blended Course: _____

Semester the Course will be offered: _____

Payment in the Amount of: _____

_____ **Date:** _____
Signature of the Instructor

_____ **Date:** _____
Signature of the Department Chair

_____ **Date:** _____
Signature of the Dean of Academic Affairs