Form DE-2

Distance Education Course Interaction Plan

This form is to be completed by the faculty of record. Students enrolled in this distance education course shall receive a copy of this completed form.

Course Title:	Faculty:
Telephone Number: Mailing and/or Email Address:	Office Hours: (if any)
1. in person meetings 2. telephone interactions 3. electronic interactions (email, internet). If yes, dates, times, places are to be specified. Students are required to engage in the follocompletion of this course:	YES NO)