MARYVILLE UNIVERSITY
650 Maryville University Drive
St. Louis, Missouri 63141
314.529.9300
maryville.edu

EVALUATION FORM FOR TAKING AN ONLINE COURSE

To be completed by your University Academic Advisor

Student's Full Name: _____

Student's Saudi I.D.: _____

Name of the Current Major/Degree of the Student: _____

Name of the University Academic Advisor: Esra Uysal Baker

Email of the University Academic Advisor: euysal1@maryville.edu

Signature of the University Academic Advisor: _____ Date: _____ (MM/DD/YYYY)

1. Requested Online Course

Course Title: _____ **Code #:** _____

No. of credits: _____ **Specific type:** ☐ Semester ☐ Quarter **Term/Year:** _____

a. Is this course offered as an online course by your University? ☐ Yes ☐ No

b. Is this course required in the student's program of study, as per his/her Degree Plan? ☐ Yes ☐ No

c. Is this course also offered in traditional face-to-face instruction style in the current term? ☐ Yes ☐ No

d. Is this course also offered in traditional face-to-face instruction style in the future terms? ☐ Yes ☐ No

e. If "Yes" to Item 1(c) and/or to Item 1(d), please explain below, in the Comments Section, the reason for recommending the student to take the above course in an online format in this term (in case of a time conflict, please list the conflicting course in Item 5 below)
Also, if "Yes" to Item 1(c) and/or to Item 1(d), Is there an available alternative face-to-face course to be taken in lieu of the online course, in the current term and/or in future terms? ☐ Yes ☐ No

f. If "No" to Item 1(c) and/or to Item 1(d), Is there an available alternative face-to-face course to be taken in lieu of the online course, in the current term and/or in future terms? ☐ Yes ☐ No
If "Yes" on taking an alternative face-to-face course, could the alternative course be taken in the current term and/or in future terms, face-to-face, without delaying the date of graduation? ☐ Yes ☐ No

2. Will graduation be delayed if this course is not taken in the current term? ☐ Yes ☐ No

3. Please state the expected date of graduation in MM/DD/YYYY:

4. Has the student mentioned above previously taken any classes in all Universities that he/she has attended that are online, hybrid, blended, web-enhanced, or any class that is not offered in traditional face-to-face style? If yes, please provide the information below.

a. Course Title: _____ Course #: _____ No. of credits: _____ Term/Year: _____

b. Course Title: _____ Course #: _____ No. of credits: _____ Term/Year: _____

c. Course Title: _____ Course #: _____ No. of credits: _____ Term/Year: _____

d. Course Title: _____ Course #: _____ No. of credits: _____ Term/Year: _____

5. Comments *(must be completed if answered "yes" to question Item 1(c), and Item 1(d)):*