Quality Matters
Online Course Review Intention Form

Please complete the information below, obtain all approvals, and return to the Learning Technology Center, the Quality Matters Institutional Representative for UW-Whitewater via email to ltc@uww.edu.

Course Instructor Information:
Name: ____________________________________________
Department: ______________________________________
College: __________________________________________
Campus Email: ____________________________________

Course Information:
Course Name according to UW-W Course Catalog (include Subject Code, Course number, & Course Name)
[e.g. History-353-Ancient History] ______________________________________________

D2L course name that you wish to make available to the QM Peer Reviewers (including semester & section codes)
[e.g. 2077-HISTORY-ANCIENT HISTORY-01] _______________________________________

Quality Matters Faculty Developer Agreement Terms:

As the Instructor of this course, I agree to:

- Provide access to the course named above and its associated materials to selected trained peer reviewers. (Course does not have to be active at the time of the review).
- Complete the “Instructor Worksheet” to provide supplemental information to the review team.
- Communicate with the review team as needed regarding the course in review.
- Maintain strict confidentiality about any other courses I access during any training or the review process, including any student information contained in these courses. Not change, copy, or modify any internal documents within a course and observe copyright laws and respect intellectual property rights of faculty creator of materials.
- Return a copy of the completed “Faculty Response Form” after receipt of final “Team Review Report.”

*(see page 2 for approval section)*
Required Approvals:

As the author of this course, I agree to the terms of the “Quality Matters Faculty Developer Agreement” and I allow the Quality Matters Review Team fixed-term access to my course for the purpose of completing the Quality Matters review.

1. Instructor ___________________________ Date __________________________

Please indicate if you request that LTC staff complete a brief pre-review of your course before submitting your Review Application to Quality matters.

The pre-review will delay your submission by 1-2 weeks: Yes ___ No ___

I approve of the course shown above to be submitted to QM Review.

2. Department Head ___________________________ Date __________________________

I approve of the course shown above to be submitted to QM Review. I understand that my college is responsible for paying the course review fee ( $1000 per course).

3. Dean or Division Head ___________________________ Date __________________________

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