



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 lrc@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. Histy-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 _____

Fund	Program	Org	Project/Grant
