

Faculty Course Completion Plan

This document outlines the course completion plan agreed upon by the faculty participant in IDL6543 and the Director of Special Projects, as referenced in previous communications. Please see the Realizeit Development Schedule & Faculty Reimbursement Schedule for details.

Faculty Name: _____

Course Specifics

Term taking IDL6543: Spring/Summer/Fall

Year: _____

Course Number: _____

Course Title: _____

Course modality: W M

(Web) (Mixed Mode)

Anticipated Course Delivery Date: (Term, Year) _____

Personalized Learning Usage Agreement

This document outlines the *Personalized Learning Usage Agreement* plan agreed upon between the Center for Distributed Learning and the faculty participant who has agreed to develop and implement course content using Realizeit.

I agree to allow other faculty members at UCF to teach the course using the Realizeit course materials I create: Yes No (Circle)

I would be willing to share my experiences in personalized learning with other faculty: Yes No (Circle)

Date: _____

Director, Special Projects Signature

Faculty Participant's Signature