

**Illinois State University/Office of the Provost
Full-Cost Recovery – Course Application**

When will the course be offered?

Year: _____

Fall ___ Spring ___ Summer ___

A. Submission Information

Person Submitting Application: _____ Department: _____

E-mail: _____ Phone: _____

Program Affiliation: _____ Date Submitted: _____

B. Course Information

Course Dept: _____ Course Number: _____ # Credit Hours: _____ Section Number: _____

Note: FCR courses must be section 91, 92..

Course Title: _____

Max Enrollment: _____ Course Start Date: _____ Course End Date: _____

Days Course Meets: _____ Times: _____

Location of the Course (if off campus/face-to-face or hybrid)

Street Address: _____ City: _____ State: _____ Zip: _____

Delivery Method: Face-to-face _____ 100% Online (no face-to-face meetings) _____ Hybrid (\geq 75% Online) _____

Notes to students if course is hybrid/blended: _____

C. Instructor Information

ISU Instructor of Record: _____ Tenure Track: Yes ___ No ___ UID# _____

Phone: _____ E-mail Address: _____ Campus Address: _____

Signing below verifies that you agree to pay amount of direct expenses associated with this course if the tuition does not cover all of the course expenses outlined in the Budget Estimate Worksheet.

Department Chair/School Director Signature: _____ Date: _____

College Dean Signature: _____ Date: _____

Provost (or Provost Designee) Signature: _____ Date: _____

*Submit at least 6 weeks prior to start of the semester to Amy Witzig,
Office of the Provost, amwitzi@IllinoisState.edu, Phone: (309) 438-7018*