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Distance Learning Form

Name of the Student: \_\_\_\_\_

Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Confer Date: \_\_\_\_\_

1. Did the Student earn their degree entirely through traditional, face-to-face coursework\*?  Yes  No

2. Was coursework completed only on the main campus\*\*?  Yes  No

\*If not, did the student complete any coursework through distance/online, hybrid, web-based, web-enhanced, or web-enabled classes? If so, please list the courses in the chart below.

Course Title	# of Credit Hours	*Course Type	% of Course Completed Online			
			(25%	50%	75%	100% )

\*\*If the student did not study on the main campus, please clarify:

**University Point-Of-Contact Information**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_