MoDOT _U_

Human Resources Division
Revised 04.15.2020

MoDOT U COURSE NUMBER REQUEST FORM

Please complete the required information in the boxes to the right of each question. If there is no response to a question, please write NONE in the box. When completed, please send to Hannah Matthews – 573-751-3941. Please feel free to use additional paper if completing by hand.

What is the name you want to assign to this course? _____

How will this course be delivered? ☐ Online ☐ Classroom/VC

Will there be a test or proficiency associated with this course? What is the minimum score needed to "pass" this course?
☐ Yes _____ Passing Score ☐ No

How many contact hours should be assigned to this course? _____ How many days will this course last? _____

In what district will this course usually be held? (Check only one box)
☐ All ☐ NW ☐ NE ☐ KC ☐ CD ☐ CO ☐ SL ☐ SW ☐ SE

Will there need to be an email sent to employees, which are enrolled, to remind them that they are signed up for the class?
☐ Yes How many days in advance? _____ ☐ No

What catalog would this class best fit under?
☐ Program Delivery ☐ Operations ☐ Business

Give the name of the MoDOT unit, government agency, or private vendor that developed this course. _____

For courses delivered by MoDOT, who will usually train this course? (List as individuals or a unit/section.)
_____ Primary Instructor/Unit _____ Alternate Instructor/Unit

What is the telephone number that employees can call to get more information? _____

Is there another class in MoDOT's course catalog that would meet the same requirements as this course? If so, please give the name and number of that course.   Name: _____

Is there a prerequisite for this course? ☐ Yes ☐ No
If yes, what course(s) _____

Is this training required to maintain a professional certification or license? If so, please name the type of certificate or license.
Yes ☐ No ☐ Type of Certificate or License _____
How many Professional Development credit hours will count toward this course? _____

Who will be eligible to attend this course? (Include names of units/sections, job titles, job title codes, etc.) _____

Will this be a required/mandatory course? If the course is required or mandatory, what is the documentation that confirms this?
☐ Yes ☐ No

☐ Federal Regulation ☐ State Regulation ☐ Department Policy ☐ District Requirement ☐ Other

Is there an evaluation that goes with this course? ☐ Yes ☐ No
If yes, is it going to be assigned through MoDOT U? ☐ Yes ☐ No

Is there a certificate that is awarded after this course is completed? ☐ Yes ☐ No

Provide a brief description (one or two paragraphs) of this course.

Provide a list of objectives that will be covered in this course.

What assignments will the employee need to complete following attendance in this course?

What materials will the employee need to bring with them to this course?

How often, throughout the year, will classes be offered? _____

ONLINE CLASSES:

Is there a SCORM or AICC file that needs to be uploaded to MoDOT U? ☐ Yes   ☐ No

Is there a test that is not programmed within the SCORM or AICC file that will accompany this course? ☐ Yes   ☐ No

Name, Job Title, and Telephone Number of person completing this form. _____