

**REQUEST FOR CERTIFICATION AS AN
ONLINE INSTRUCTOR**

**Southeastern Oklahoma State University
Durant, Oklahoma**

Please complete the following for each person requesting enrollment in the SE certification course:

Name _____ **Date** _____

Title _____

Department _____

Office Number (if on campus) _____

Telephone Number _____

Email address _____

Experienced using Blackboard (Circle one): **Yes** **or** **No**

Amount of experience teaching online (check one):

___ **No experience**

___ **Less than 2 years**

___ **2 – 5 years**

___ **More than 5 years**

Department Chair

Date

For Office Use:

Date Request Received: _____

Date Enrolled in Certification Course: _____

Name of faculty mentor assigned: _____

Date Email sent: _____