

Memorandum of Understanding
Texas Woman’s University – Office of Distance Education
Quality Matters Peer Review Program

Please acknowledge the following statements, sign, date and return to:

Alli Peterson, Distance Education, ACT 2

_____ I understand, that at a minimum, I must have successfully completed all aspects of the Applying the Quality Matters Rubric Workshop as defined by an official Quality Matters trainer.

_____ I understand that submitting an application for an official Quality Matters review does not guarantee that my course will be chosen for review.

_____ I understand that the Office of Distance Education will fund only one official review per faculty member.

_____ I understand that funding will be dispersed among departments and programs, therefore it may not be possible to have multiple courses from my program officially reviewed at one time.

_____ I understand that, if selected, the Office of Distance Education will fund only the initial official review of my selected course. Any additional funding for re-evaluating the course for continued certification will fall to my department or myself.

_____ I understand that my course may be informally reviewed prior to submission to Quality Matters for official review, and my course will not be advanced for official review until I have made all necessary changes to meet all minimum criteria.

_____ I understand that I am responsible for making changes to my course in a timely manner, using the suggestions made by the review team, if my course does not meet expectations upon initial review.

_____ I understand that the Office of Distance Education will provide the services of an Instructional Designer to assist me in implementing changes to my course, in order for it to meet expectations, but that the instructional designer will not do the work for me.

_____ I understand that whenever possible, 1 to 2 members of the official review team will be TWU faculty/staff, and the subject matter expert on the review team may be a peer from my college, division or department.

Signature _____

Date _____