Faculty name: ___________________________  Department: ___________________________
Course Name: ___________________________  Course Number: ___________________________

First semester to be offered (CIRCLE ONE):  FALL 2019  |  INTERSESSION 2019  |  SPRING 2020  |  SUMMER 2020  |  Fall 2020

Describe sources of OER materials to be used (or attach list) [expected to exceed three sources]:
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________
________________________________________________________________________________________________

Describe faculty created materials to be used (and/or attached samples):
________________________________________________________________________________________________
________________________________________________________________________________________________

Indicate the percentage of sources identified for the compilation (% open + % faculty created must be at least 51%):
_____% existing open materials + __________% my faculty created materials + __________% copyrighted works = 100%

My signature attests to the completion of the OER content compilation project. By signing, I am agreeing that a majority (at least 51%) of described/attached materials for the course mentioned in this agreement are OER, and will remain such for two years. In addition, I understand that my course will be flagged in Banner as using OER. I understand that proposed course materials listed below must be verified as adhering to the SUNY OER definition. The college will provide the second half of the $800 stipend for this completed work after final review and approval.

_________________________________________________   __________________
Faculty Signature                              Date

Department chair approval: I approve the use of this compilation as a replacement for the traditional textbook used for this course as taught by this faculty member and deem this project to be complete.

_________________________________________________   __________________
Department chair signature                     Date

== PLEASE PROVIDE ALL RELATED MATERIALS TO SARAH ROMEO, LIBRARY ONLINE MEDIA SPECIALIST, MRV130 ==
REVIEW PORTION TO BE COMPLETED WITHIN TWO WEEKS:

SECTION 1: EXTERNAL REVIEW BY DEPARTMENT CHAIR OR DEAN outside proposer’s school:

CHECK ONE:

____My signature indicates the compilation provided and/or described demonstrates that the project is complete.

____As submitted, there is insufficient evidence that the content development is complete.

Comments (required if proposal is not supported as submitted):

______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

Signature of Department Chair or Dean external reviewer          Date

Reviewer: Please return this completed document to Sarah Romeo, Library Online Media Specialist, at MRV 130.

SECTION 2: REVIEW BY OER REVIEW COMMITTEE:

CHECK all that apply:

___Proposed open materials meet SUNY OER definitions.
___Proposed faculty created works are / can be assigned Creative Commons license.
___Proposed percentages provide majority of open materials.

Comments (required if proposal is not supported as submitted):

______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________
______________________________________________________________________________________________________________________

Initials on behalf OER Review Committee: ___________________________            Date: ________________

CHECK ONE:

___Project is complete; stipend payment documents to be completed.

___Project was not completed in a manner that meets stated requirements. Both proposer and department chair have been informed and, if funding is available, have been encouraged to revise and resubmit.