

Class Maximum Request Form

This form should be used to request a class size for a new and/or existing course. The requestor must acquire the signature of all unlimited full-time and unlimited part-time faculty credentialed to teach the course.

Faculty Requestor Name: Lynn Michel Current Date: 11-13-18

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
ECE 1210, ECE 1220, ECE 1230, ECE 1240, ECE 1270, ECE 2310, ECE 2520, ECE 1310

New Course Proposed Class Size: _____

Existing Course Current Class Size: 30 Proposed Class Size: 30 staying the same

Existing Course: Submit three semesters of enrollment data (See Research, Planning & Grants Office or Registrar's Office):

Semester 1 _____ Semester 2 _____ Semester 3 _____

Method of Delivery (circle appropriate) Face-to-Face _____ Online _____ Hybrid _____

Effective Semester (circle one): Fall FY20 19 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:

Prefix change to ECE no change for max

Instructional Cost Study for program/CIP code (Insert or Attach) (See Research, Planning & Grants Office, Vice President of Finance & Facilities, or Deans Office.):

Faculty Signatures (All unlimited full-time and unlimited part-time faculty credentialed to teach the course. MSCF seniority roster can be found at <http://southcentral.edu/hr-a-college-relations/resources-a-forms.html> (if needed, add additional page)

Printed Name Lynn Michel Signature [Signature] Date: 11-13-18

Printed Name Ramona Skuseim Signature [Signature] Date: 11-13-18

Printed Name DARCI STANFORD Signature [Signature] Date: 11-14-18

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 12/7/18

Vice President of Student and Academic Affairs Office Use Only

VPSAA (Initial each area) Faculty Credentials Verified _____ Instructional Cost Study Data Verified
Signature of V.P. of Student and Academic Affairs [Signature] Date: 12/11/18

Following Shared Governance Approval

Signature of President _____ Date: _____