

Class Maximum Request Form *NEW*

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: James Zwaschka Current Date: 10/22/2018

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HEAC: 1207 Precision Agricultural Software

New Course Proposed Class Size: 20

Existing Course Current Class Size: _____ Proposed Class Size: _____

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__ Spring FY20__19 Summer FY20__

Rationale for requested class maximum size:

The software purchased from Ag Leader includes up to 30 seats but due to student familiarity with agricultural mapping software 20 students will allow for instructor interaction.

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

Software costs to run the SMS software from Ag Leader is \$1995.00 for up to 30 students. This includes instructor training from Ag Leader.

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 James Zwaschka Signature _____ Date: 10/29

Printed Name Bruce White Signature _____ Date: 10/29

Printed Name T.J. Brown Signature _____ Date: 10/29

Printed Name Pete Neigebauer Signature _____ Date: 10/29

Printed Name Kelly Schmidt Signature _____ Date: 10-29

Signature of Dean/Director Brod G. Schaefer Date: 10-31-18

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: 12/10/18

Following Shared Governance Approval

Signature of President _____ Date: _____

Printed Name Don Hermanson Signature  Date: 12-14-18

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

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