

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: Jon Morgan Current Date: 1-15-18

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
See attached - CMAE, 1510, Print Reading

New Course Proposed Class Size: 24

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 18 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:
New courses, same safety reasons due to facility space as prior classes.

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

NA

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 Bill Block Signature Bill Block Date: 1-16-18

Printed Name Jon Morgan Signature Jon Morgan Date: 1-16-18

Printed Name Chris DeVries Signature Chris DeVries Date: 1-17-18

Printed Name DOUG LAVEN Signature Doug Laven Date: 4-3-18

Printed Name ALAN GIFF Signature Alan Giff Date: 4-3-18

Signature of Dean/Director Angela Keyser Date: 1-17-18


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 Bob Embacher Date: 2-26-18

Following Shared Governance Approval

Signature of President _____ Date: _____

Printed Name DEAN HINES Signature  Date: 4/4/2018

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

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Faculty Requestor Name: Jon Morgan Current Date: 1-15-18

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
See attached - CMAE, 1528, Career Success Skills

New Course Proposed Class Size: 24

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 FY2018 Spring FY20__ Summer FY20__

Rationale for requested class maximum size:

New courses, same safety reasons due to facility space as prior classes.

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

NA

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 Bill Block Signature Bill Block Date: 1-16-18

Printed Name Jon Morgan Signature Jon Morgan Date: 1-16-18

Printed Name Chris DeVries Signature Chris DeVries Date: 1-17-18

Printed Name DOUG LAUEN Signature Doug Lauen Date: 4-3-18

Printed Name ALBY Goff Signature Alby Goff Date: 4-3-18

Signature of Dean/Director Hyun Lee Date: 1-17-18


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 Bob Embacher Date: 2-28-18

Following Shared Governance Approval

Signature of President _____ Date: _____

Printed Name DEAN HINES Signature  Date: 4/4/2018

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

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