

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: Connie Writter Current Date: 3/22/18

Course Designator, Number, and Title (i.e.: OTEC 1820, Business English)
EN62 0089 Summer Bridge Writing and English II

New Course Proposed Class Size: 20

Existing Course Current Class Size: ~~20~~ Proposed Class Size: ~~20~~ for the week course new will be established

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 _____ Summer FY20 18

Rationale for requested class maximum size:

Intensive course is more focused and aggressive than 16-week course, so 20 students is a more feasible/ manageable class size to maximize student learning.

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

In FY18, English was within the band \$2174 - \$2657; SCC - \$2632.

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 Rebecca Brooks Signature Rebecca Brooks Date: 3/29/18

Printed Name Roy Schmidt Signature Roy Schmidt Date: 3/29/18

Printed Name KIRSTIN CRANN MILLS Signature Kristin Crann Mills Date: 4/2/18

Printed Name Amy Magnus Signature Amy Magnus Date: 4/2/18

Printed Name Cassandra Labor Signature Cassandra Labor Date: 4/2/18

Signature of Dean/Director [Signature] Date: 4/10/18

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 Paul Embacher Date: 4/11/18

Following Shared Governance Approval

Signature of President _____ Date: _____

Printed Name	<u>Lucinda Wells</u>	Signature	<u>Lucinda Wells</u>	Date:	<u>4.6.2018</u>
Printed Name	<u>John Reinhard</u>	Signature	<u>[Signature]</u>	Date:	<u>4/9/18</u>
Printed Name	<u>Connie Miller</u>	Signature	<u>Connie Miller</u>	Date:	<u>4/12/18</u>
Printed Name	_____	Signature	_____	Date:	_____
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