

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: Deb Salmon Current Date: 10-3-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
ASER 100 Introduction to Counseling

New Course Proposed Class Size: 25

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 Summer FY20

Rationale for requested class maximum size

Smaller Class size needed due to nature of the class.

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

CIP Code not yet established. 440701

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 Wayne Whitmore Signature [Signature] Date: 10/3/17

Printed Name Deb Salmon Signature [Signature] Date: 10-3-17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/12/17

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: 12-7-17

Following Shared Governance Approval

Signature of President _____ Date: _____

Class Maximum Request Form

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Faculty Requestor Name: Wayne Whitmore Current Date: 10-3-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HSER101 Poverty

New Course Proposed Class Size: 35

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 Summer FY20

Rationale for requested class maximum size

New course.

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

CIP Code not yet established.
440701

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 Wayne Whitmore Signature [Signature] Date: 10/3/17

Printed Name Deb Salmon Signature [Signature] Date: 10-3-17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/12/17

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: 12-7-17

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Signature of President _____ Date: _____

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Faculty Requestor Name: Wayne Whitmore Current Date: 10-3-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HSER 102 Disability and Person Centered Planning

New Course Proposed Class Size: 35

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 Summer FY20

Rationale for requested class maximum size

New course.

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

CIP code not yet established.
440701

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

Printed Name Wayne Whitmore Signature [Signature] Date: 10/3/17

Printed Name Deb Salomon Signature [Signature] Date: 10-3-17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/12/17

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: 12-7-17

Following Shared Governance Approval

Signature of President _____ Date: _____

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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: Wayne Whitmore Current Date: 10-3-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HSEK103 Behavioral Interventions

New Course Proposed Class Size: 35

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 Summer FY20

Rationale for requested class maximum size

New course.

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

CIP code not yet established.
440 70 |

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

Printed Name Wayne Whitmore Signature [Signature] Date: 10/3/17

Printed Name Del Johnson Signature [Signature] Date: 10-3-17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/12/17

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: 12-7-17

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Faculty Requestor Name: Deb Salmon Current Date: 9-13-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HSER 200 Field Experience

New Course Proposed Class Size: 15

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 Summer FY20 _____

Rationale for requested class maximum size:

Smaller class size needed due to nature of the work and agency placements.

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

*CIP code not yet established.
440701.*

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 Debra Salmon Signature [Signature] Date: 9/3/17

Printed Name Wayne Whitmore Signature [Signature] Date: 10/3/17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/12/17

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: 12-7-17

Following Shared Governance Approval

Signature of President _____ Date: _____