

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: Becky Miller Current Date: 10/13/2017

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
OTEC2905 -- Internship

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 18 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:

Same internship class as in the past. Usually less than 12 each semester take internship so 17 should work fine. This is also consistent with other SEC internship classes.

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

FY16 - Cost per FYE \$5,394, Expense per student or hr - \$179.80 Difference between cost & tuition per FYE - (\$406.36)

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 Becky A. Miller Signature Becky A. Miller Date: 10/13/17

Printed Name Lori Hood Signature Lori Hood Date: 10/13/17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director Paul Embacher Date: 12-7-17

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: 12-8-17

Following Shared Governance Approval

Signature of President _____ Date: _____

New course # + small changes. Need new class box