

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: Debra Salmon Current Date: 10-6-17

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
SOWK 115

New Course Proposed Class Size: 25 - SOWK 105 Old course

Existing Course Current Class Size: 25 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

This course transfers as writing intensive. Due to the amount of writing required would like to keep class at 25.

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

*Program is currently on suspension.
This course will be in Transfer Pathway #10701*

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 Debra Salmon Date: 10-6-17

Printed Name Wayne Whitmore Signature Wayne Whitmore Date: 10/6/2017

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/11/17

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: _____