

## 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:** Laura Attenberger **Current Date:** 1/22/2017

**Course Designator, Number, and Title** (i.e.: OTEC, 1820, Business English)  
HC, 1525, Health Care Core Foundations

**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 17  Spring FY20\_\_  Summer FY20\_\_

**Rationale for requested class maximum size**

This course is required by two programs, HUC and AOS(Medical). The current course, HC1500, which 1525 is replacing has had recent enrollments of anywhere from 18 - 22 students.

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

126140 (Health Unit Coordinator) FYE 2016 increased from 20,64 to 35.4. Seats filled decreased slightly from 2015 67.1 to 2016 64.5. EY 15 SCC cost per EYE: \$1786. MWS is \$699 less than MnSCU upper band. \$247 less than MnSCU lower band and \$473 less than MnSCU avg. cost per EYE.

**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** Laura Attenberger **Signature** *Laura Attenberger* **Date:** 1/22/2017

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Dean/Director** *Michelle Brubaker* **Date:** 2.4.17

*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** *Justin DeG...* **Date:** 4/18/17

*Following Shared Governance Approval*

**Signature of President** \_\_\_\_\_ **Date:** \_\_\_\_\_