

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)
HUCF, 1101, Introduction to Health Unit Coordinating

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 FY2017 Spring FY20__ Summer FY20__

Rationale for requested class maximum size

This is a new course without an established class max.

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 35.10. Seats filled decreased slightly from 2015 67.1 to 2016 64.5. FY 15 SCC cost per FYE: \$1786. This is \$699 less than MnSCU upper band, \$247 less than MnSCU lower band and \$473 less than MnSCU avg cost per FYE.

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 *Michele Boumaier* 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 _____ Date: _____

Following Shared Governance Approval

Signature of President *[Signature]* Date: 2/19/17