

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: Jenny Dumdei Current Date: 03/13/2017

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
DA 1845 Clinical Affiliations, 8 cr.

New Course Proposed Class Size: 24

Existing Course Current Class Size: N/A Proposed Class Size: NA

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 Clinical X

Effective Semester (circle one): Fall FY20 _____ Spring FY20 18 Summer FY20 _____

Rationale for requested class maximum size:

This is a new course, 24 is the maximum space allows. The dental program is currently out of the band. Accreditation has a 1-12 faculty to student ratio that must be followed

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

CIP: 51.0601 Dental Assisting
 The plan is to combine two internship courses offered in the spring & summer into one clinical course offered spring semester. This will enable the students to enroll as a full time student spring semester and eliminate the part time summer course. This will bring our overall costs down in the program. At present, Sci is above the upper band by 7,007 and above MnSCU avg cost by 41379.

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 Jennifer Dumdei Signature Jennifer Dumdei Date: 03/13/2017

Printed Name Stephanie Culhane Signature Stephanie Culhane Date: 3/13/2017

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director Nichole Bruchman Date: 03/15/2017

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: 3-17-17

Following Shared Governance Approval

Signature of President _____ Date: _____