

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: Stacy Hohenstein Current Date: 1/18/2017

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
PHLE 1400, Introduction to Phlebotomy

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 17 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:

The class max for the PHLE courses is currently 20. Due to the nature of the labs - drawing blood and working with instrumentation - it is a safety concern for students and the instructor.

Note: Program Portfolio combines Phleb & MLT programs
 Instructional Cost Study for program/CIP code (Insert or Attach) (See Research, Planning & Grants Office, Vice President of Finance & Facilities, or Deans Office.):
 CIP - 511009 *2016 all FYE: 27.30 down from 2015 FYE: 27.53 + 2014 FYE: 28.37*
2016 seats filled 55.9, down from 2015 63.1
FY15 SCC Less than MnSCU upper band by 746.00
FY15 More MnSCU lower band by \$200
FY15 Less MnSCU Cost per FYE by 332.00

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 Stacy Hohenstein Signature Stacy Hohenstein Digitally signed by Stacy Hohenstein Date: 2017.01.18 15:08:40 -0600' Date: _____
 Printed Name Cathy Smesrud Signature Cathy Smesrud Date: 3-3-17
 Printed Name _____ Signature _____ Date: _____
 Printed Name _____ Signature _____ Date: _____
 Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director Nicholey Bowman Date: 2-2-17

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: 3-13-17

Following Shared Governance Approval

Signature of President _____ Date: _____

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Faculty Requestor Name: Stacy Hohenstein Current Date: 1/18/2017

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
PHLE 1450, Phlebotomy Skills

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 FY2017 Spring FY20__ Summer FY20__

Rationale for requested class maximum size:

The class max for the PHLE courses is currently 20. Due to the nature of the labs - drawing blood and working with instrumentation - it is a safety concern for the students and the instructor.

Note: Program Portfolio information combines Phleb & MDLT
Instructional Cost Study for program/CIP code (Insert or Attach) (See Research, Planning & Grants Office, Vice President of Finance & Facilities, or Deans Office.):
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2016 seats filled 55.9, down from 2015: 63.1
FY15 SCC Less MnSCU upper band by 746.00 *FY15 less MnSCU cost per FYE by 332.00*
FY15 More MnSCU lower band by 82.00

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 Stacy Hohenstein Signature Stacy Hohenstein Digitally signed by Stacy Hohenstein Date: 2017.01.18 15:08:40 -0600 Date: 1/18/2017
Printed Name Cathy Sinesrud Signature Cathy Sinesrud Date: 3-3-17
Printed Name _____ Signature _____ Date: _____
Printed Name _____ Signature _____ Date: _____
Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director Andrew Brumman Date: 2.3.17

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: 3-13-17

Following Shared Governance Approval

Signature of President _____ Date: _____

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Faculty Requestor Name: Stacy Hohenstein Current Date: 1/18/2017

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
PHLE 1500, Phlebotomy 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 FY2017 Spring FY20__ Summer FY20__

Rationale for requested class maximum size:

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Note Program Portfolio information combines Phlebotomy & MLT

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

CIP - 511009 *2016 all FYE = 27.30, down from 2015 FYE = 27.53 & 2014 FYE = 28.37*
2016 Seats filled 55.9, down from 2015 63.1
FY 15 SCC Less MnSCU upper band by ~~700~~ \$746.00 *FY 15 Less MnSCU Cost per FYE by 332.00*
FY 15 More MnSCU lower band by 82.00

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Printed Name Stacy Hohenstein Signature Stacy Hohenstein Digitally signed by Stacy Hohenstein Date: 2017.01.18 15:08:40 -06'00' Date: 1/18/2017

Printed Name Cathy Smesrud Signature Cathy Smesrud Date: 3-3-17

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director *Michele Brumman* Date: 3.3.17

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 *M. Brumman* Date: 3-13-17

Following Shared Governance Approval

Signature of President _____ Date: _____