

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: Tracy Murphy, Chair Current Date: 10/7/2016

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
ASL 101 American Sign Language

New Course Proposed Class Size: _____

Existing Course Current Class Size: 25 Proposed Class Size: 25

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 _____

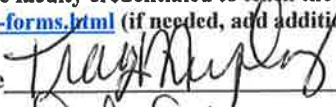
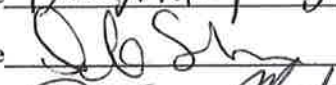
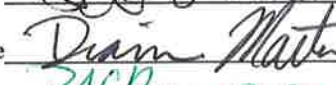


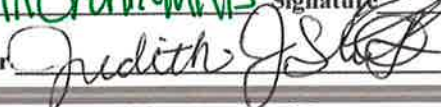
Effective Semester (circle one): Fall FY20 16 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:

No change in class maximum is being requested. The current "class maximum request form" was never completed for ASL 101 or was not included in the most recent modifications to the course (move from goal area 8 to goal area 7 in the spring 2016).

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

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	<u>Tracy Murphy</u>	Signature		Date:	<u>10/17/16</u>	<u>chair</u>
Printed Name	<u>Debra Salmon</u>	Signature		Date:	<u>10-24-16</u>	<u>chair</u>
Printed Name	<u>Diann Manton</u>	Signature		Date:	<u>10-31-16</u>	<u>chair</u>
Printed Name	<u>Ramona Beiswanger</u>	Signature		Date:	<u>10/17/16</u>	<u>chair</u>
Printed Name	<u>Kirstin Cronn-Mills</u>	Signature		Date:	<u>10/28/16</u>	<u>Dept Faculty</u>
Signature of Dean/Director:			Date:	<u>11/9/16</u>		

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: 12-8-16

Following Shared Governance Approval

Signature of President _____ Date: _____

Note:

Because we do not employ a FTU in American Sign Language, the SCC procedure requires the FTU department faculty signatures.

Printed Name	Deb Selbach	Signature		Date:	11/2/16	Dept	Faculty
Printed Name	Ray Schmidt	Signature		Date:	10/24/2016	Dept.	Faculty
Printed Name	Cassandra Labaton	Signature		Date:	10/24/16	Dept	Faculty
Printed Name	Amy Magnus	Signature		Date:	10/25/16	Dept.	Faculty
Printed Name	Connie Miller	Signature		Date:	11/1/16	Dept.	Faculty
Printed Name	Becky Brooks	Signature		Date:	10/25/16	Dept.	Faculty
Printed Name	Dave Edwards	Signature		Date:	11/3/16	Dept.	Faculty
Printed Name	John Reinhard	Signature		Date:	11/5/16	Dept	Faculty
Printed Name	Lucinda Wells	Signature		Date:	11.8.16	Dept.	Faculty
Printed Name	_____	Signature	_____	Date:	_____		
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