

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: KIRSTIN CROWN-MILLS Current Date: 4.13.16

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
ENGL 199: INDEPENDENT STUDY: RESEARCH + WRITING

New Course Proposed Class Size: 4 (according to MSCF contract)

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 16 Spring FY20 _____ Summer FY20 _____

Rationale for requested class maximum size:

Set by MSCF contract.

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 AMY MACENUS Signature Amy Macenus Date: 4/18/16

Printed Name BECKY DAVIS Signature Becky Davis Date: 4/19/16

Printed Name ASSANDRA LABAIRE Signature Assandra Labaire Date: 4/20/16

Printed Name JOHN REINHARD Signature John Reinhard Date: 4/14/16

Printed Name RAY SCHMIDT Signature Ray Schmidt Date: 4/18/2016

Signature of Dean/Director [Signature] Date: 4/20/16

Vice President of Student and Academic Affairs Office Use Only

VPSAA (Initial each area) Faculty Credentials Verified [initials] Instructional Cost Study Data Verified [initials]

Signature of V.P. of Student and Academic Affairs [Signature] Date: 12-12-16

Following Shared Governance Approval

Signature of President _____ Date: _____

✓

Printed Name LUCINDA WELLS Signature Lucinda A Wells Date: 4.13.16
Printed Name CONNIE MILLER Signature Connie Date: 4/13/16
Printed Name KIRSTIN CROWN-MILLS Signature Kristin Crown-Mills Date: 4.13.16
Printed Name _____ Signature _____ Date: _____
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Printed Name _____ Signature _____ Date: _____
Printed Name _____ Signature _____ Date: _____
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