

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: Kurt Dershem Current Date: 10/11/16

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
PHIL 150: Medical Ethics

New Course Proposed Class Size: 40

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 40 Semester 2 40 Semester 3 40

Method of Delivery (circle appropriate) Face-to-Face Online Hybrid

Effective Semester (circle one): Fall FY20X Spring FY20__ Summer FY20__

Rationale for requested class maximum size:

This is the current 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.):

In FY 2015, MnSCU instructional costs for Philosophy ranged from \$1,385 to \$1,693 while SCC's average instructional cost was \$1,821. In an attempt to decrease departmental costs, therefore, this course size is larger than others within the Philosophy department. This effort should begin to decrease instructional costs within the Philosophy department.

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 Kurt Dershem Signature [Signature] Date: 10/11/16

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/17/16

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: 11/10/16

Following Shared Governance Approval

Signature of President _____ Date: _____