

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: Amy Magnus Current Date: 10-14-15

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
AIS 120: Dakota Language and Culture

New Course Proposed Class Size: 25

Existing Course Current Class Size: _____ 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 Spring FY20 16 Summer FY20

Rationale for requested class maximum size

A review of MnSCU AIS type courses found with American Indian languages was quite limited--essentially Anishinaabe was offered. Those courses ranged in size from 20-25. Because this course is a combination of language and culture and is within the LAS program at SCC, an average

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

In FY2015, the MnSCU instructional cost average for the Area/Ethnic/Cultural/Gender Studies program courses was between the band of \$1,296 and \$1,585; South Centrals' institutional average in this department was \$1,577--within the band.

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 Magnus Signature Amy Magnus Date: 10-14-15

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director [Signature] Date: 10/15/15

Vice President of Student and Academic Affairs Office Use Only

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

Signature of V.P. of Student and Academic Affairs [Signature] Date: 4-20-16

Following Shared Governance Approval

Signature of President _____ Date: _____