

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: ASL 101 **Current Date:** 4/20/16

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

New Course Proposed Class Size: 25

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 6 Spring FY20 Summer FY20

Rationale for requested class maximum size

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

The instructional costs for liberal arts is \$1629-\$2,004. SCC LAS is out of the band at \$2,093.

Kurt Dersham Kurt Dersham 4/21/16

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 Ray Schmidt Signature [Signature] Date: 21 APR 2016

Printed Name Cassandra Labaron Signature [Signature] Date: 21 April-16

Printed Name Djann Marten Signature [Signature] Date: 4-21-16

Printed Name Amy Magnus Signature [Signature] Date: 4-21-16

Printed Name Connie Miller Signature [Signature] Date: 4/21/16

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 / Instructional Cost Study Data Verified /

Signature of V.P. of Student and Academic Affairs [Signature] Date: 4-22-16

Following Shared Governance Approval

Signature of President _____ Date: _____

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Faculty Requestor Name: _____ **Current Date:** _____

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

New Course Proposed Class Size: _____

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__ Spring FY20__ Summer FY20__

Rationale for requested class maximum size

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 KIRSTIN (RONN) MILLS Signature [Signature] Date: 4.21.16

Printed Name Deb Salmon Signature [Signature] Date: 4-21-16

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director _____ **Date:** _____

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:** _____

Following Shared Governance Approval

Signature of President _____ **Date:** _____



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: 4/21/16

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

New Course Proposed Class Size: 25

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

Max stands as listed previously

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

The instructional costs for liberal arts is \$1629-\$2004. SCC LAS is, therefore,, out the band at \$2,093

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 J. Reinhard Signature [Signature] Date: Apr. 22, 2016

Printed Name Lucinda Wells Signature [Signature] Date: 4-21-16

Printed Name Dave Edwards Signature [Signature] Date: 04/22/16

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director _____ Date: _____

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: _____

Following Shared Governance Approval

Signature of President _____ Date: _____

Mary Hutchens

From: Mary Hutchens
Sent: Friday, April 22, 2016 9:40 AM
To: Mary Hutchens
Cc: Susan Tarnowski
Subject: FW: ASL electronic signature?

From: Tracy Murphy
Sent: Friday, April 22, 2016 9:17 AM
To: Judy Shultz <Judy.Shultz@southcentral.edu>
Subject: RE: ASL electronic signature?

Please accept this email message as my "approval" signature regarding the ASL course.

Tracy Murphy, Communication Studies Faculty
South Central College
Chair, Department of English
E 109 North Mankato Campus
507-389-7322
tracy.murphy@southcentral.edu

From: Judy Shultz
Sent: Friday, April 22, 2016 8:10 AM
To: Tracy Murphy
Subject: ASL electronic signature?

Tracy,

Would you please quickly email me back your approval for the ASL course?

Thank you!
Judy

Judith J. Shultz, Ed.D.
Dean of Liberal Arts & Sciences
South Central College
507-389-7369