

Class Maximum Request Form

This form should be used to request a class size for a new 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: 3/21/2016

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
CRTK 100 - Critical Thinking

New Course Proposed Class Size: 30

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

Class max for previous version of class was 25. Proposing increase to accommodate more students, necessary to retain limit given number of assignments necessary to assess learning objectives.

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

0309	South Central College	24	Liberal Arts
55.23	115,594	2,093	1,822
1,639	2,004	(4,929)	114.9%

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/lrc-a-college-relations/resources-a-forms.html> (if needed, add additional page))

Printed Name Kurt Dershem Signature [Signature] Date: 4/20/16
 Printed Name Diann Marten Signature [Signature] Date: 3-22-16
 Printed Name Deb Salmon Signature [Signature] Date: 3-23-16
 Printed Name Tracy Murphy Signature [Signature] Date: _____
 Printed Name Paula Bergeson Signature [Signature] Date: 3-23-16
 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: 4-20-16

Following Shared Governance Approval

Signature of President _____ Date: _____

[Signature] 4/12/16