



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: Michele Brielmaier Current Date: 4/13/2016

Course Designator, Number, and Title (i.e.: OTRC, 1820, Business English)
NURS 1220 Pharmacology for Practical Nursing, 2 credits

New Course Proposed Class Size: 32 ~~45~~ 4-22-16

Existing Course Current Class Size: 32 ~~45~~ 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:

This course changed from 2 credits to 1 credit in 14-15 based on other state-wide PN program pharmacology courses. This created the need for a course number change. 15-16 saw the need to return to 2 credits based on faculty/student concerns about lack of time to fulfill course expectations.

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

CIP: 51901. LD FYE: 29.53. Instruction & Academic Support State Appr. Exp: 88,806. Institution Avg State Appr. Exp/EFY: 3007. MnSCU Avg State Appr. Exp/FYE: 3549. Floor: 3194. Ceiling: 3904.

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 Candace Mortenson Signature Candace Mortenson Date: 4-20-16

Printed Name Sandra Bosch Signature Sandra Bosch Date: 4/20/16

Printed Name Temple Prochaska Signature Temple Prochaska Date: 4/20/16

Printed Name Ashley Rysjedan Signature Ashley Rysjedan Date: 4/21/16

Printed Name Cheryl Clendenin Signature Cheryl Clendenin Date: 4/21/16

Signature of Dean/Director Michele Brielmaier Date: 04-21-2016

Vice President of Student and Academic Affairs (Office Use Only)

VPSAA (Initial each area) Faculty Credential Verified _____ Instructional Cost Study Data Verified _____

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

Following Shared Governance Approval

Signature of President _____ Date: _____

Class Maximum Change Request

Faculty Signatures (All full/part-time unlimited faculty credentialed to teach the course):

Printed Name: Margaret Brewer Signature: Margaret Brewer Date: 4/21/16

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Printed Name: _____ Signature: _____ Date: _____

Mary Hutchens

From: Michele Brielmaier
Sent: Friday, April 22, 2016 5:44 AM
To: Mary Hutchens
Subject: Fwd: class max - a new request.

Sent from my iPhone

Begin forwarded message:

From: J OngieJindra <J.OngieJindra@southcentral.edu>
Date: April 22, 2016 at 4:01:54 AM CDT
To: Michele Brielmaier <michele.brielmaier@southcentral.edu>
Subject: Re: class max - a new request.

I approve the class max of 32 for class NURS 1220.
Jennifer Ongie Jindra

Sent from my Verizon 4G LTE Smartphone

----- Original message-----

From: Michele Brielmaier
Date: Thu, Apr 21, 2016 11:23 PM
To: J OngieJindra;
Cc:
Subject: class max - a new request.

Please send a new email message for NUR 1220 regarding class max – as soon as you are able in the morning.

“I approve the class max of 32 for NURS 1220.”
Your name

Please send it to me and Mary Hutchens.
Thank you.

Michele D. Brielmaier, MSN, RN
Dean of Allied Health & Nursing
South Central College
1920 Lee Boulevard
North Mankato, MN 56003
507 389 7385 office
Administrative Asst: Heather Milton, 507 389 7231

Wherever you go and whatever you do, may the luck of the Irish be there with you!



Class Maximum Request Form

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Faculty Requestor Name: Michele Brielmaier Current Date: 4/13/2016

Course Designator, Number, and Title (i.e.: YTHC, 1820, Business English)
NURS 2520 Semester 4 Leadership, 1 credit

New Course Proposed Class Size: 40 (NB) 4-22-16

Existing Course Current Class Size: 40 error 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:

NURS 2520 is a modified course with reduced credits from 2 to 1. This change prompted the need for a new course number. NURS 2520 was reduced in credits to accommodate the new course need (NURS 2540) within RN Semester 4. NURS 2540 heightens medical surgical concepts to a clear, acute level.

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

CIP: 519801. LD FYE: 65.37; Instruction & Academic Support State Appr. Exp: \$11606. Institution Avg State Appr. Exp/EFY: 4767. MnSCU Ave State Appr. Exp/FYE: 4364. Floor: 3927. Ceiling: 4800.

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.htm>) (If needed, add additional page)

Printed Name Candace Martens Signature [Signature] Date: 4/20/16

Printed Name Sandra Bosch Signature [Signature] Date: 4/20/16

Printed Name Jennifer Koehler Signature [Signature] Date: 4/20/16

Printed Name Cheryl Clendenin Signature [Signature] Date: 4/21/16

Printed Name Margaret Brewer Signature [Signature] Date: 4/21/16

Signature of Dean/Director [Signature] Date: 04.21.2016

Vice President of Student and Academic Affairs Office Use Only

VPSAA (Initial each area) Faculty Credentials Verified [Signature] 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: _____