

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: Laura Attenberger Current Date: 9/22/15

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)
HC, 1510, Special Topics in Healthcare

New Course Proposed Class Size: IBS 25 LA 12/10

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 16 Summer FY20

Rationale for requested class maximum size

This course is ^{a new} currently an Allied Health independent study course. ^{being offered as a} Special Topics class for those in the healthcare field. Other ^{LA 12/10} Allied Health courses are offered with a class max at 25, such as HUCF1200

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

Instructional Cost Study for Health Unit Coordinator (CIP 510700)
 2015 FYE: 20.64, up from 2014 FYE: 9.4

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 Laura Attenberger Signature Laura Attenberger Date: 9/22/15
Digitally signed by Laura Attenberger DN: cn=Laura Attenberger, o=SCC, email=laura.attenberger@southcentral.edu, c=US Date: 2015.09.22 12:22:00 -0500

Printed Name _____ Signature Laura Attenberger Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Signature of Dean/Director Michele D. Brielmaier Digitally signed by Michele D. Brielmaier DN: cn=Michele D. Brielmaier, o=South Central College, ou=Two Year College, email=michele.brielmaier@southcentral.edu, c=US Date: 2015.10.14 12:24:12 -0500 Date: 10/14/2015

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: 11-10-15

Following Shared Governance Approval

Signature of President _____ Date: _____