



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: 12-3-15

Course Designator, Number, and Title (i.e. OI 101, 1820, Business English)
HLIM 205

New Course Proposed Class Size: _____

Existing Course Current Class Size: 25 Proposed Class Size: 35

Existing Course: Submit three semesters of enrollment data (See Research, Planning & Grants Office or Registrar's Office):
Semester 1 36 Semester 2 33 Semester 3 7

Method of Delivery (circle appropriate) Face-to-face Online Hybrid

Effective Semester (circle one): Fall FY20 Spring FY20 Summer FY20
SPRNB FY16

Rationale for requested class maximum size

See above

** For some reason this Spring the Max says 25; no one can locate the original class Max form. Everytime I have taught the course it has been at 35 - there is a waiting list now*

This was used for the South Africa trip students plus the small number

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

Cost study is 114.9% of band / \$4,929 reduction required (FYES available per Peter if needed)

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))

** Per MUSEL no has one credential this*

Printed Name Amy Magnus Signature Amy Magnus Date: 12-3-15

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name _____ Signature _____ Date: _____

Printed Name Rebecca Davis Signature Rebecca Davis Date: 12-13-15

Signature of Dean/Director Judith J. [Signature] Date: 12/3/15

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: 12-3-15

Following Shared Governance Approval

Signature of President _____ Date: _____