

## 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:** Jenny Dumdei **Current Date:** 09/18/2015

**Course Designator, Number, and Title** (i.e.: OTEC, 1820, Business English)  
DA 1850 Dental Business Technologies

**New Course Proposed Class Size:** 24

**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 is a program max for all dental assisting courses. This number is determined by the physical environment of the teaching labs and the number of students able to fit in the labs.

**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 Dental Assisting program (CIP 510601). 2015 FYE: 25.87, up from 2014 FYE: 24.50. 2015 Seats filled 78.3%, up from 2014 Seats filled 76.0%. Graduates up to 17 in 2015 from transition year of 0 in 2014. Over MnSCU upper band by \$898.00.

**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** Jenny Dumdei **Signature** Jenny Dumdei **Date:** 9.18.15

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Dean/Director** Michelle Bruhmaier **Date:** 10.1.15

*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:** 11-10-15

*Following Shared Governance Approval*

**Signature of President** \_\_\_\_\_ **Date:** \_\_\_\_\_