



### 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: Becky A. Miller Current Date: 03/30/15

Course Designator, Number, and Title (i.e., OTEC 1820, Business English)  
OTEC2855 - Internship

New Course Proposed Class Size: \_\_\_\_\_

Existing Course Current Class Size: 17 Proposed Class Size: 20

Existing Course: Submit three semesters of enrollment data (See Research, Planning & Grants Office or Registrar's Office):  
Semester 1 4 Semester 2 11 Semester 3 0

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

With the restructuring of our curriculum there is the potential for more students to register for the OTEC2855 course. If that is the case, it is necessary to increase the class maximum. Students in internship work independently with the instructor and their internship supervisor to obtain success in the

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

*This increase in class max will help with instructional costs. BE*  
CIP=5204 - LD FYE 85.30, 210,445 Ave. state app. per FYE 2,467  
MUSCU Ave. 1,897, floor 1,707 Ceiling 2,087 Change (-32,457)

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 Becky A. Miller Signature Becky A. Miller Date: 3/30/15  
Printed Name Jean Guerber Signature Jean Guerber Date: 3.30.15  
Printed Name Diane Wergeland Signature Diane Wergeland Date: 3/30/15  
Printed Name Lori Hood Signature Lori Hood Date: 9/29/15  
Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Dean/Director Bob Embacher Date: 3/30/15

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: 9/18/15

Following Shared Governance Approval

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