

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
 MNSCU 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 _____ Signature _____ Date: _____
 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: _____