

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: _____ **Current Date:** _____

Course Designator, Number, and Title (i.e.: OTEC, 1820, Business English)

New Course Proposed Class Size: _____

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__ Summer FY20__

Rationale for requested class maximum size

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

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 _____ **Signature** _____ **Date:** _____

Printed Name _____ **Signature** _____ **Date:** _____

Printed Name _____ **Signature** _____ **Date:** _____

Printed Name _____ **Signature** _____ **Date:** _____

Printed Name _____ **Signature** _____ **Date:** _____

Signature of Dean/Director _____ **Date:** _____

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 _____ **Date:** _____

Following Shared Governance Approval

Signature of President _____ **Date:** _____