

South Central College Class Maximum Change Request		Current Date <hr style="border: 0; border-top: 1px solid black;"/>
Course Designator, Number and Title (i.e.: OTEC 1820, Business English)		
Current Class Size _____	Proposed Class Size _____	
Method of Delivery <input type="checkbox"/> Face-to-Face <input type="checkbox"/> Online <input type="checkbox"/> Hybrid	Enrollment Numbers for the Past Three Semesters the Course was Offered <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/> <hr style="border: 0; border-top: 1px solid black;"/>	
Rationale for change in class size to include Student Success 		
Instructional Cost Study (Insert or Attach) 		
Faculty Signatures (All full/part-time unlimited faculty credentialed to teach the course)		
		Date _____
		Date _____
		Date _____
		Date _____
		Date _____
		Date _____
		Date _____
		Date _____
Signature of Dean (or Division Chair) _____		Date _____
Signature of President (or Designee) _____		Date _____