

Maximum Class Size 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): _____

Method of Delivery: ☐ Face-to-Face ☐ Online ☐ Hybrid
Effective Semester: Fall FY 20____ Spring FY 20____ Summer FY 20____

NEW COURSE Proposed Class Size: _____

OR EXISTING COURSE Current Class Size: _____ Proposed Class Size: _____

Submit three semesters of enrollment data (See Strategic Enrollment and Institutional Effectiveness Office or Registrar's Office)

Semester 1: _____ Semester 2: _____ Semester 3: _____

Rationale for requested maximum class size: _____

Provide **Instructional Cost Study** data for the past three to five years for the program (Attach).

(See Office of Enrollment Management and Institutional Effectiveness, Vice President of Finance & Operations, or Deans Office.)

Faculty Signatures of all unlimited full-time and unlimited part-time faculty credentialed to teach the course:
(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:** _____

Dean's Signature

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

Faculty Credentials Verified - Instructional Cost Study Data Verified

Signature of VP of Academic Affairs: _____ **Date:** _____

Shared Governance Meeting Date: _____ Action: _____

Shared Governance Meeting Date: _____ Action: _____

Signature of President: _____ **Date:** _____