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 Nam	e:	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	l Class Size:						
			Class Size: titutional Effectiveness Office or Registrar's Office)				
Semester 1:	Semester 2:	Semeste	er 3:				

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:	

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:	