REQUEST FOR SMALL CLASS CONTINUATION

Select Semester

Year __________

Small Class Continuation Code (Must select the number of one item below):

Please select one

☐ 1 - Required course for graduation (course is not offered each semester or term)
☐ 2 - Required course for majors in this field and should be completed this semester or term
☐ 3 - Course in newly established degree program, concentration, or support area
☐ 4 - Interdepartmental (cross-listed) course taught as a single class by the same faculty at the same station
☐ 5 - First time offering of the course
☐ 6 - Class size limited by accreditation or state licensing standards
☐ 7 - Class size limited by availability of laboratory or clinical facilities
☐ 8 - Voluntarily offered by a faculty member in excess of the institutions teaching load requirements (no additional pay)

Course Prefix: ______________________

Course Number and Section: _________________________________

Course Title: ________________________________________________

Instructor: _________________________________________________

Day/Time Schedule: __________________________________________

Current Course Enrollment [ ]

Justification for continuing small class:

________________________________________________________________________

Please describe your marketing plan to increase enrollment in programs requiring this course to prevent future small classes:

________________________________________________________________________

Submitted by: _________________________________ Date: __________________

Approved by:

College Dean: _________________________________ Date: _________________

Provost & VP for Academic Affairs: ___________________________ Date: _________________