

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
- 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: _____