

Class Size Maxima Pilot Project Request Form

Completed by faculty member in consultation with department chair and school dean.

Requesting Faculty Member: _____

Department: _____

Department Chair: _____

School Dean: _____

Course Designator & Number (i.e. ACCT 101): _____

Recommended number of sections to be included in the study:* _____

Recommended duration of the study (total number of semesters):* _____

Recommended instructors to participate in the study:*

Recommended location and scheduling time(s) for the sections in the study:*

Provide a rationale for the purpose of the pilot project, including (but not limited to) considerations involving pedagogical considerations, best practices, student success, student equity, student access, and student safety (attach additional pages if necessary):

Completed by dean

Responding Dean: _____

School: _____

Response including impact upon instruction division budget (attach additional pages if necessary):

* All final scheduling determinations made at the discretion of the appropriate administrator.