**SMALL-SIZE CLASS APPROVAL FORM**

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| TO: | MARC GUIDRYAssociate Provost/VPAA |
| FROM:Department Chair |  |
| THROUGH:College Dean |  |
| DATE: |  |

Approval is requested to offer the following small-size class(es).

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | Part of Term | Approved |
| Class/Section | CRN | Instructor | Instructor ID | Enrolled | Justification | *Full FALL/ Fall1/Fall 2Full Spring/Spring1/Spring2 Maymester/ SUM1/SUM2* | YES | NO |
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 *Please ensure ALL information is completed May 2023*