Courses and Curricula Committee
Curriculum Modification Petition

Form D: Request to Add a New Curriculum

Section I: Course and Department Information

Directions: Please type all information on this form. Handwritten forms are not accepted.

Fill in all information in Section I. Provide faculty signatures of support in Section II. Section III is for signatures of approval. Missing or incorrect information may result in rejection of this petition.

Note: This form may require Course and Curricula Form A: Request for the Addition of a New Course for each new course being created for the new curriculum.

Note: The addition of a new curriculum (program) may require the approval of the LSU Eunice Academic Council, the LSU Board of Supervisors, and the Louisiana Board of Regents. A new program is typically a SACSCOC Substantive Change and requires a Prospectus written by the faculty and Dean. Deadlines exist to report the change to SACSCOC. Please contact the SACSCOC Accreditation Liaison or the Office of Academic Affairs for additional information.

Discipline _____ Division _____ Date _____

Name of Curriculum and Degree _____

1. This curriculum will be offered effective: Fall ☐   Spring ☐   Summer ☐   Year: _____

2. What is the expected number of students to be enrolled in this program annually? _____

3. Will additional (new) faculty be needed?   Yes ☐   No ☐
   (If yes, please attach an explanation as a PDF file labeled as "Response to Question 3").

4. Will additional equipment or facilities be needed?   Yes ☐   No ☐
   (If yes, please attach an explanation as a PDF file labeled as "Response to Question 4").

5. What is the mode of delivery for the program (check all that apply):

   ☐ Onsite (greater than 50% delivered face-to-face).

   ☐ Hybrid (50% to 99% delivered online).

   ☐ Online (100%).

   ☐ Day courses offered.

   ☐ Evening courses offered.

   ☐ Weekend courses offered.

6. In the space below, describe the program concept: Purpose and objectives; proposed learning outcomes; need for the program (how is it relevant): how does it further the mission and strategic goals of the institution?

7. List all courses by semester required for this curriculum. Please answer yes or no to whether each course is a new course and whether the course is a program prerequisite (for selective admissions programs). Cells with red borders generate totals automatically.

a. Semester 1: Fall ☐　Spring ☐　Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 1:				
Notes:				

b. Semester 2: Fall ☐　Spring ☐　Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 2:				
Notes:				

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c. Semester 3: Fall ☐   Spring ☐   Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 3:				
Notes:				

d. Semester 4: Fall ☐   Spring ☐   Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 4:				
Notes:				

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e. Semester 5: Fall ☐ Spring ☐ Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 5:				
Notes:				

f. Semester 6: Fall ☐ Spring ☐ Summer ☐

Course Prefix & Number	Course Title	New Course?	Program Prerequisite?	Credit Hrs.
Total Credit Hours for Semester 6:				
Total Credit Hours from all question 7 tables:				
Notes:				

g. Total Number of General Education Hours:	
h. Total Number of Hours in Major:	
i. Total Number of Hours (total here must match the total from table 7 above):	
j. Classification of Instruction (CIP) Code	

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Section II: Signatures of Faculty Support

8. Has this course been discussed and approved by the faculty in the discipline(s) concerned? Yes ☐   No ☐
Faculty taking part in the discussion should complete the section below and place an X for approved or not approved. Statements of support or dissention, whether internal or external, may be attached as a PDF to this form labeled as "Response to Question 8".

Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved
Faculty Print Name	Faculty Signature	Date	Approved	Not Approved

Section III: Signatures of Approval

Dean Signature   Date

Courses and Curricula Chair Signature   Date

SACSCOC Liaison Signature   Date

Vice Chancellor for Academic Affairs Signature   Date

Chancellor Signature   Date

Substantive Change? Yes ☐   No ☐
Publish or Advertise Change? Yes ☐   No ☐   N/A ☐

SACSCOC Notes:

10/26/22 prf

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