



**Courses and Curricula Committee
Curriculum Modification Petition**

Form E: Request to Drop an Existing 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 used for signatures of approval. Missing or incorrect information may result in rejection of this petition.

Note: Dropping any curriculum is a SACSCOC Substantive Change that requires a teach-out plan that must be approved prior to the time students will no longer be accepted into the program – please allow three to six months for SACSCOC Executive Council approval. Completing the teach-out plan is the responsibility of the faculty and dean. Please contact the SACSCOC Accreditation Liaison or the Office of Academic Affairs for the appropriate SACSCOC form.

Note: Dropping a curriculum may require Courses and Curricula Form B: Request to Drop a Course for each course in the curriculum being removed from the LSU Eunice Catalog.

Discipline _____ Division _____ Date _____

Name of Curriculum and Degree _____

1. Effective date (semester and year in which the program is to be closed. For SACSCOC and the Louisiana Board of Regents, closed means that the program is closed to admission or program entry):

Fall ☐ Spring ☐ Summer ☐ Year _____

2. Degree designation:

☐ Associates Degree

☐ Certificate of Technical Studies

☐ Other (if other, list designation): _____

3. Title of Program: _____

4. Classification of Instructional Programs (CIP) Code: _____

6. In the space below, please provide a rationale for closing the program (for example: low demand, job opportunities, changing focus, program duplication, loss of funding sources, etc.):

7. Please provide an explanation of how affected parties – students, faculty, and staff – will be informed of the impending closure.

8. Please provide an explanation of how all affected students will be helped to complete their programs of study with minimal disruption or additional costs:

9. Please explain whether the students subject to the teach-out plan will incur additional charges or other expenses because of the teach-out and, if so, how the students are notified.

10. Please provide copies of signed teach-out agreements with other institutions, if applicable.

11. Please provide a description of how faculty and staff will be redeployed or helped to find new employment.

Section II: Signatures of Faculty Support

12. 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 4".

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	Vice Chancellor for Academic Affairs Signature	Date
Courses and Curricula Chair Signature	Date	Chancellor Signature	Date
SACSCOC Liaison Signature	Date	Substantive Change? Yes <input type="checkbox"/> No <input type="checkbox"/> Publish or Advertise Change? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	
SACSCOC Notes: _____			