



**Courses and Curricula Committee
Curriculum Modification Petition**

**Form F₂: Request to Change an Existing Curriculum
Major Changes Only**

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. Complete Section II for multiple course changes or reorganization of the curriculum. Provide faculty signatures of support in Section III. Section IV is used for signatures of approval. Missing or incorrect information may result in rejection of this petition.

Note: The request to Change an Existing Curriculum may also require the submission of one or more of the following Courses and Curricula forms:

1. Form A: Request for the Addition of a New Course if the new course is being added to an existing curriculum. A completed Form A for each new course should accompany this form.
2. Form B: Request to Drop a Course if it is being removed from the existing curriculum and is being removed from the LSU Eunice Catalog. Note that courses should not remain in the Catalog "because they might be offered at a later date".
3. Form C: Request to Change an Existing Course if a course's credit hours change or if a change is made that affects the required number of hours for the curriculum.

Discipline _____ Division _____ Date _____

Current Name of Curriculum _____

Proposed Name of Curriculum _____

1. Effective date (semester and year that the change is to be initially offered):

Fall ☐ Spring ☐ Summer ☐ Year _____

2. In the space below, please provide a rationale for the change in an existing curriculum:

Section II: Major Changes to a Curriculum Description

3. This form is for major curricular changes that involve multiple course changes and/or the re-arrangement of courses within a curriculum. Please list all current courses by semester required for this curriculum in the "Current Curriculum" columns and then type the proposed changes on the "Proposed Curriculum" columns. If there are no changes in a particular semester, please check the "no changes" box. Cells with **red borders** generate totals automatically.

a. Semester 1: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours for Semester 1:		
Notes:				Notes:		

b. Semester 2: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours for Semester 2:		
Notes:				Notes:		

c. Semester 3: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours for Semester 3:		
Notes:				Notes:		

d. Semester 4: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours for Semester 4:		
Notes:				Notes:		

e. Semester 5: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours Semester 5:		
Notes:				Notes:		

f. Semester 6: Fall ☐ Spring ☐ Summer ☐ No Changes ☐

Current Curriculum				Proposed Curriculum		
Course Prefix and Number	Course Title	Credit Hrs.		Course Prefix and Number	Course Title	Credit Hrs.
Total Credit Hours:				Total Credit Hours Semester 6:		
Notes:				Notes:		
Current Total Number of Credit Hours Required:				Proposed Total Number of Credit Hours Required:		

Section III: Signatures of Faculty Support

4. 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 5".

_____ 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

5. Please attach documentation that this change has been discussed with other divisions/departments and label as "Response to Question 6". If no discussions have taken place, please check none ☐.

Section IV: Signatures of Approval

_____ Dean Signature	_____ Date	_____ Vice Chancellor for Academic Affairs Signature	_____ Date
_____ Courses and Curricula Chair Signature	_____ Date	_____ Chancellor 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 Liaison Signature	_____ Date		

SACSCOC Notes: _____