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| **LOUISIANA’S COMMUNITY & TECHNICAL COLLEGE SYSTEM****New Program and Curriculum Modification Form** |



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| **TYPE OF PROPOSED CHANGE**  |
| [ ]  New Program  | [ ]  Curriculum Modification |

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| **AWARD LEVEL(S)**  |
| Award Level(s):[ ]  Associate of Applied Science (A.A.S.)[ ]  Associate of Science (A.S.)[ ]  Associate of Arts (A.A.)[ ]  Other Associate Degree Name**:**       | [ ]  Technical Diploma (T.D.)[ ]  Technical Competency Area (T.C.A.)[ ]  Certificate of Technical Studies (C.T.S.)[ ]  Certificate of Applied Science (C.A.S.)[ ]  Certificate of General Studies (C.G.S.) |

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| **NAME OF PROGRAM(S) and AWARD LEVEL(S)**  |
| Name:  |
| CIP: | Credit Hours: | Contact Hours: | Award Level: |
| Name:  |
| CIP: | Credit Hours: | Contact Hours: | Award Level: |
| Name:  |
| CIP: | Credit Hours: | Contact Hours: | Award Level: |
| Name:  |
| CIP: | Credit Hours: | Contact Hours: | Award Level: |

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| **DESCRIBE THE PROPOSED CHANGE (For Curriculum Modifications, state previous credit and clock hours, and for Program Termination, state program and all award levels.)** |
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| **REASON/JUSTIFICATION FOR THE PROPOSED CHANGE (Include support such as four-year university agreements, industry demand, advisory board information, etc.)** |
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| **IMPLEMENTATION DATE (Semester and Year)**  |  |

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| **SITE(S) OF NEW PROGRAM OR CURRICULUM MODIFICATION** |
| [ ]  Main Campus  | [ ]  All Campuses | [ ]  Sites (list below) |
| Site 1: |
| Site 2: |
| Site 3 |
| Site 4: |

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| **LOUISIANA WORKFORCE COMMISSION STAR LEVEL** (<http://www.laworks.net/Stars/>) |
|  [ ]  5 Stars [ ]  4 Stars [ ]  3 Stars [ ]  2 Stars [ ]  1 Star |

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| **PLAN FOR PROVIDING QUALIFIED FACULTY** (Check all that apply) |
| [ ]  Use Existing Faculty **#:**       | [ ]  Hire Adjunct Faculty **#:**       | [ ]  Hire Full-Time Faculty **#:**       |
| **MINIMUM CREDENTIALS REQUIRED FOR FACULTY** |
| Education: | Experience: | Certification: |

| **ANTICIPATED ENROLLMENT:** |
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| **Students** | **Year One** | **Year Two** | **Year Three** | **Year Four** | **Year Five** |
| DAY |  |  |  |  |  |
| EVENING |  |  |  |  |  |
| Describe Process for Attaining & Estimating Enrollment: |  |

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| **PROGRAM ACCREDITATION:** |
| **Is Program Accreditation, Licensure or Certification Required?** | [ ]  Yes | [ ]  No |
| If YES, please provide projected accreditation/licensure/certification date: |
| **Type/Name of Program Accreditation, Licensure or Certification Required:** |  |

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| **DESCRIBE IMPLEMENTATION COSTS** (Include Faculty, Facilities, Library Resources, etc.) |
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| **PROGRAM CURRICULUM** (Use the template below or insert separate attachment; all modifications should include the OLD and NEW curriculum with changes appropriately noted so that it is visually clear what has been added, deleted and/or changed) |
| **Subject Code** | **Course Number** | **Course Title** | **Lecture Hours** | **Lab Hours** | **Contact Hours** | **Credit Hours** |
| **First Semester** |
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| **Second Semester** |
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| **Third Semester** |
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| **Fourth Semester** |
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| **Fifth Semester** |
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| **Sixth Semester** |
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**SIGNATURES**:

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College Chief Academic Officer Date

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College Chief Executive Officer Date