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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: |
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| CIP: | Credit Hours: | Contact Hours: | Award Level: |
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| 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:** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
| **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