



Request to Add/Change a Curriculum

School _____ Department _____ Date _____

Name of curriculum _____

(As currently listed on page _____ of the LSUHSC-NO Catalog/Bulletin)

Please list only that part of the present curriculum that is to be changed and the change proposed.
The second page of this form may be used if the request extends beyond this page.
Justification/explanation can be given on a separate sheet and appended to this form.

Present Curriculum

Proposed Curriculum

Effective semester ► Fall Spring Summer Academic year _____

APPROVALS

Department Head

Typed name Signature Date

Curriculum Committee Chair

Typed name Signature Date

School Dean

Typed name Signature Date

Vice Chancellor for Academic Affairs

Joseph M. Moerschbaecher, PhD

Typed name Signature Date



Appended Information