

LOUISIANA STATE UNIVERSITY AT ALEXANDRIA
CURRICULUM REQUEST

_____ Add New Curriculum
_____ Change Existing Curriculum

Department _____ College _____ Date _____

Name of Curriculum _____
(If existing curriculum, list name currently used. Page(s) _____ of the _____ catalog.)

Change name of current curriculum? Yes () No () If yes, list name of new curriculum.

Change to be effective _____
Semester / Year

List on the left side of the form that part of the present description that may be affected by the proposed change; list the proposed change on the right side of the form.

(Present)	(Proposed)

