

## REQUEST FOR SUBSTANTIVE CHANGE REVIEW

**Name of Proposed Program/Action:**

**Department:**

**College:**

**Proposal Contact(s):** (Name, e-mail address, phone number)

**Anticipated Implementation Date:**

SUBSTANTIVE CHANGE CHECKLIST		
Criteria	Yes	No
Will the proposal expand offerings at the <u>current degree level</u> , but represent a <i>significant departure</i> from existing programs (i.e., the proposed program has no closely-related counterpart among previously approved programs in the curriculum)?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposed program require new faculty? If <b>Yes</b> , how many? _____	<input type="checkbox"/>	<input type="checkbox"/>
Are <i>25 percent or more</i> of the courses required for the proposed program <u>new</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Are <i>50 percent or more</i> of the courses required for the proposed program <u>new</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal require new library or other learning resources? If yes, provide an estimate of anticipated cost. _____	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal require new funding? If yes, provide an estimate of anticipated cost. _____	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal initiate a <i>dual degree</i> program with another institution? (Separate program completion credential each of which bears <u>only</u> the name, seal, and signature of the awarding institution.)	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal initiate a <i>joint degree</i> program with another institution? (A single program completion credential bearing the names, seals, and signature of <u>each</u> of the institutions awarding the degree.) (If <b>Yes</b> , answer the following:)	<input type="checkbox"/>	<input type="checkbox"/>
Will the <i>joint program</i> be with another SACSCOC accredited institution?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal initiate a program at a <u>new off-campus site</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal add a <i>combination degree</i> program that <u>reduces</u> the hours needed to complete the combined degrees (e.g., combination baccalaureate and master's degrees)?	<input type="checkbox"/>	<input type="checkbox"/>

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Criteria: (continued)	Yes	No
Will the proposal initiate programs or courses offered through <u>contractual agreement</u> or a <u>consortium</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal alter significantly the <u>length</u> of an existing program? Note: The change would have a noticeable impact on programs completion time. <i>(If Yes, answer the following:)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>• Is this a change mandated by an academic program's accrediting agency? <i>(If Yes, indicate the accreditor.)</i></li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal initiate a <u>degree completion</u> program?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal <u>close</u> an existing program?	<input type="checkbox"/>	<input type="checkbox"/>
Will the proposal initiate a <u>direct assessment competency-based program</u> (where direct assessment of student learning is based solely on the attainment of defined competencies, not credit hours, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>

*[Note: Checklist adapted from Duke University's "Substantive Change Checklist"]*

Submitted by (signature) \_\_\_\_\_ Date \_\_\_\_\_

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This section to be completed upon review by the Office of Institutional Effectiveness.

Action Required:

- \_\_\_\_\_ No Action Needed/Does Not Meet SACSCOC Significant Change Criteria
- \_\_\_\_\_ Letter of Notification to SACSCOC
- \_\_\_\_\_ Prospectus for SACSCOC Review/Approval

Signature

\_\_\_\_\_ Date \_\_\_\_\_

LSU SACSCOC Liaison