DEGREE/PROGRAM CHANGE FORM C Form Number: C1848

Fields marked with * are required			
Name of Initiator: Dimitri Kapelianis Er 04-08-2016	mail: dkapeli@unm.edu	Phone Number: NMX 750-7885	Date:
Associated Forms exist? Yes Initiator's T	Title Assistant Professor: ASM M	Arkting Info Decision Sci	
Faculty Contact Dimitri Kapelianis Department MIDS		e Contact Bobbie Murray Email bmurray @unm.edu	
Branch	Adm	in Phone 505-277-8438	
Proposed effective term			
Semester Fall Year 2017			
	Course Information		
Select Appropriate Program Graduate Degree Progran			
Name of New or Existing Program MBA- N	*	oncentration	
Select Category Concentration Degree Type			
Select Action Revision			
Exact Title and Requirements as they show proposed requirements.		•	ent and
See current catalog for format within the r	espective college (upload	a doc/pdf file)	
MBA with a concentration in Marketing M	anagement.docx		
Does this change affect other departs	mental program/branch	campuses? If yes, indicate belo	w.
Reason(s) for Request (enter text below or upload No, this request does not affect other department	a doc/pdf file) al program/branch campuses.		
Upload a document that inlcudes justification for the workload implications.(upload a doc/pdf file)	he program, impact on long-rar	nge planning, detailed budget analysis a	nd faculty
Supporting document to accompany Form in Marketing Management.docx	C requesting a change in	courses for for MBA with a cond	<u>centration</u>
Are you proposing a new undergradu following documents.	iate degree or new under	graduate certificate? If yes, up	load the
Upload a two-page Executive Summary authorized l	by Associate Provost. (upload a	a doc/pdf file)	
Upload memo from Associate Provost authorizing §	go-ahead to full proposal. (uplo	oad a doc/pdf file)	