

**DEGREE/PROGRAM CHANGE  
FORM C**

**Fields marked with \* are required**

**Name of Initiator:** Kim Larranaga

**Email:** \*[klarran@unm.edu](mailto:klarran@unm.edu)

**Date:** \* 10-28-08

**Phone Number:** \* 505 277-3426

Initiator's Rank / Title\* Admin Assistant 3: Psychology  
Department

Faculty Contact\* Sarah Erickson

Administrative Contact\* Kim Larranaga

Department\* Psychology

**Division**

**Program** Clinical Psychology

**Branch**

Proposed effective term:

Semester Fall ▼ Year 2009 ▼

**Course Information**

Select Appropriate Program Graduate Degree Program ▼ CIP Code

Name of New or Existing Program \* PhD Psychology-Clinical Concentration

Catalog Page Number 279 Select Category Concentration ▼ Degree Type Ph.D.

Select Action Revision ▼

**Exact Title and Requirements as they should appear in the catalog.**

See current catalog for format within the respective college (enter text below or upload a doc/pdf file)

See attached

[Clinical Form C Final.doc](#)

**This Change affects other departmental program/branch campuses**

Reason(s) for Request \* (enter text below or upload a doc/pdf file)

See attached

[Clinical Concentration Reasons.doc](#)

Statements to address budgetary and Faculty Load Implications and Long-range planning \* (enter text below or upload a doc/pdf file)

Budgetary and Faculty Load Implications (Statements to Address Long Range Planning) The changes to the Clinical concentration will not require additional budgetary resources or additions to our current faculty nor are there any direct implications regarding faculty load. The courses required for the clinical concentration are already being offered in our department and are in line with our clinical program's new clinical scientist model. These changes are also in line with the requirements of the American Psychological Association.