DEGREE/PROGRAM CHANGE FORM C

Fields marked with * Name of Initiator:	[•] are required Colleen Sheinberg	Email:*colleens@unm.edu Date:* 11-11-08
Phone Number:*	505 277-8401	Initiator's Rank / Title* Temp Parttime Faculty:
Thone Pulliber.	303 277 0401	Music
Faculty Contact*	Colleen Sheinberg	Administrative Contact* Colleen Sheinberg
	Department* Music	
	Division	Program
	Branch	
Proposed effective terr	m:	
Semester Fall	Year 2009	
		Course Information
Select Appropriate Progran Name of New or Existing F Catalog Page Number	Program * Master o	of Music, Concentration in Performance
0 0	ion 🔻	
	or format within the	should appear in the catalog. respective college (enter text below or upload a doc/pdf file)
This Change af	ffects other departn	nental program/branch campuses
Request is for minor text of		load a doc/pdf file) uirement to the application materials for students wishing to pursue the curricular requirements are proposed.

Statements to address budgetary and Faculty Load Implications and Long-range planning No effect on budget, faculty load or long-range planning.

* (enter text below or upload a doc/pdf file)