DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required Name of Initiator: Joann Buehler Phone Number:* 505 277-8930 Faculty Contact* Mark Peceny Department* Political Science Division 100 Branch Mai	Administra	Date:* 02-24-09 istrator II: Political Science Gen Admin ative Contact* Program Undergraduate	
Proposed effective term: Semester Summer Year 2009	>		
Course Information			
Select Appropriate Program Undergraduate Degree Program *B.A. Ed. Political Science Catalog Page Number Select Action Deletion 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)			
☐ This Change affects other departmental program/branch campuses			
Reason(s) for Request * (enter text below or upload a doc/pdf file) As per Department's discussion with Registrar's Office and their recommendation, this degree program should be deleted as there have been no students enrolled and/or graduated with the degree in many years.			
Statements to address budgetary and Faculty Load I None.	mplications and Long-range planning	* (enter text below or upload a doc	c/pdf file)