DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required	
Name of Initiator: Loyola Chastain	Email:* <u>lchast@unm.edu</u> Date:* 09-12-07
Phone Number:* 505 277-9368	Initiator's Rank / Title* Mgr,Academic Advisement: ASM Administration
Faculty Contact* Nick Flor	Administrative Contact* Loyola Chastain
Department* ASM	
Division	Program
Branch	
Proposed effective term: Semester Fall Vear 2009	
Course Information	
	ree Program VCIP Code at for Non-Majors MGTN ubject Code VDegree Type
Exact Title and Requirements as they sho See current catalog for format within the res MGTN 100-299, lower level non-major ma	pective college (enter text below or upload a doc/pdf file)
☐ This Change affects other department	ital program/branch campuses
Reason(s) for Request * (enter text below or upload Needed for The University to specify non-major mana	d a doc/pdf file) gement course offerings, for both UNM and transfer work.
Statements to address budgetary and Faculty Load Impl $\ensuremath{N/A}$	ications and Long-range planning * (enter text below or upload a doc/pdf file)