DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required	F21-41	D-4-*	00.26.00	
Name of Initiator: Jean Marie Arago Phone Number:* 505 277-4771	*		09-26-08	
Phone Number: " 505 277-4771	Initiator's Rank / Title*	Admin Assistant 2: Foreign	Literatures	
Faculty Contact*	Susanne Baackmann	Administrative Contact*	Jean Aragon	
Department* Foreign Langua	ages & Literatures			
	Division		Program	
	Branch			
Proposed effective term:				
*	09			
	Course Infor	rmation		
Name of New or Existing Program * MA C	ree Program CIP Co	parative Lit Concentration		
Catalog Page Number 202 Select Cat	egory Concentration V De	egree Type M.A.		
Select Action Revision				
Exact Title and Requirements as the				
See current catalog for format within the				
Under Graduate M.A. Program: After				
insert the following information: *Student proficient in two languages, one of which				
proficiency in a third language through a				
or proof of equivalent knowledge acquire				
Comp Lit lang insert 2009 catalog.doc				
☐ This Change affects other depar	tmental program/branch c	ampuses		
Reason(s) for Request * (enter text below or To clarify the language requirement for the students)	upload a doc/pdf file) ents who choose Comparative Lite	ratures concentration.		
Statements to address budgetary and Faculty Load This does not affect faculty load implications or		nning * ((enter text below or upload a doc/pdf file)	