

**DEGREE/PROGRAM CHANGE  
FORM C**

**Fields marked with \* are required**

**Name of Initiator:** Colleen Sheinberg

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

**Date:** \* 11-11-08

**Phone Number:** \* 505 277-8401

Initiator's Rank / Title\* Temp Parttime Faculty:  
Music

Faculty Contact\* Eric Rombach-Kendall  
Department\* Music

Administrative Contact\* Colleens@unm.edu

**Division**

**Program**

**Branch**

Proposed effective term:

Semester Fall ▼ Year 2009 ▼

**Course Information**

Select Appropriate Program Graduate Degree Program ▼ CIP Code

Name of New or Existing Program \* Master of Music, Concentration in Conducting

Catalog Page Number 486 Select Category Concentration ▼ Degree Type without thesis

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 file.

[MM Cond-Form C-Cat Text.pdf](#)

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

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

See attached file.

[MM Conducting-reasons.pdf](#)

Statements to address budgetary and Faculty Load Implications and Long-range planning

There are no budgetary, faculty load or long-range planning implications.

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