## DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required Name of Initiator: Tonya Lashun Bryant Phone Number:* 505 277-5009  Faculty Contact* Jane E Smith Department* Psychology Division Arts & Sciences Branch Main Campus	Email:* tbryant Initiator's Rank / Title*	t@unm.edu Da Coord,Program Advisemen Administrative Contact*  Program	Department Tonya Bryant
Proposed effective term:  Semester Fall ▼ Year 2009 ▼			
Semester 1 an v 1 ear 2000 v			
Course Information			
Select Appropriate Program  Value of New or Existing Program  * B.A.Ed. in Psychology  Catalog Page Number  2 Select Category  Degree   Degree Type  B.A.Ed.  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 d The B.A.Ed. in pscyhology does not exsist. We would like	loc/pdf file) to eliminate the degree f	from the catalog.	
Statements to address budgetary and Faculty Load Implication. The elimination of this degree program will not require ad			(enter text below or upload a doc/pdf file)