DEGREE/PROGRAM CHANGE
FORM C

Fields marked with * are required

Name of Initiator: Karen McElveny **Email:*** kamc@unm.edu **Date:*** 02-09-11

Phone Number:* 505 277-1779 Initiator's Rank / Title* Coord,Program Advisement: Chemistry General Admini

Faculty Contact* David Bear Administrative Contact* Karen McElveny

Department* Chemistry

Division AS **Program** BSED

Branch Main

Proposed effective term:

Semester Summer Year 2011

Course Information

Select Appropriate Program Undergraduate Degree Program CIP Code

Name of New or Existing Program * Chemistry (B.S.Ed.)

Catalog Page Number 2 Select Category Major Degree Type BS

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)

N/A

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

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

Requested by the Provost to follow through on the Program Prioritization Process to delete this degree.

Statements to address budgetary and Faculty Load Implications and Long-range planning * (enter text below or upload a doc/pdf file)

N/A