## DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required         Name of Initiator:       Colleen Sheinberg       Email:*colleens@unm.edu       Date:* 11-04-08	
Phone Number:* 505 277-8401 Initiator's Rank / Title* Temp Parttime Faculty:	
Faculty Contact*     Colleen Sheinberg     Administrative Contact*     Colleen Sheinberg       Department*     Music       Division     Program       Branch	
Proposed effective term: Semester Fall Vear 2009 V	
Course Information	
Select Appropriate Program Undergraduate Degree Program CIP Code   Name of New or Existing Program * Bachelor of Music, Keyboard Performance Conc.   Catalog Page Number 479   Select Category Emphasis   Degree Type Bachelor   Select Action   Revision Image: Cip Code   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 <u>BM Perf Kbd Emph-Cat Txt.pdf</u> This Change affects other departmental program/branch campuses	
Reason(s) for Request * (enter text below or upload a doc/pdf file) See attached file <u>BM Pno Perf-Reasons.pdf</u>	

Statements to address budgetary and Faculty Load Implications and Long-range planning Courses will be taught by current faculty member as part of his load.

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