

**DEGREE/PROGRAM CHANGE
FORM C**

Fields marked with * are required

Name of Initiator: Margo Milleret

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Date:* 11-09-08

Phone Number:* 505 277-5907

Initiator's Rank / Title* Associate Prof and Coordinator

Portuguese

Faculty Contact* Margo Milleret

Administrative Contact*

Kate Merrill

Department* Spanish and Portuguese

Division

Program

Branch

Proposed effective term:

Semester **Fall** ▼ Year **2009** ▼

Course Information

Select Appropriate Program Undergraduate Degree Program ▼ CIP Code

Name of New or Existing Program * BA major in Portuguese

Catalog Page Number **297** Select Category **Major** ▼ Degree Type **BA**

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)

Please see attached.

[Major degree requirements.doc](#)

This Change affects other departmental program/branch campuses

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

Please see attached.

[BA PORT Reasons for Request.doc](#)

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

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

Please see attached.

[BA PORT Impact on Assessment.doc](#)