DEGREE/PROGRAM CHANGE FORM C

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Fields marked with * are req				
Name of Initiator: Linda Barril Email:* <u>lbarril@unm.edu</u>			Date:* 11-09-07	
Phone Number:*	505 277-5873	Initiator's Rank / Title*	Dept Administrator 1: School A	of Public dministration
	Faculty Contact*	Uday Desai	Administrative Contact*	Linda Barril
Department*	School of Public Administration			
	Division Branch			Program
Proposed effective term:				
	Year 2008 🔻			
Semester Fall	Year 2008 •			
Course Information				
Select Appropriate Program Graduate Degree Program CIP Code Name of New or Existing Program * Master of Public Administration Catalog Page Number 591 Select Category Degree Type MPA Select Action New T T Select Category Degree Type MPA				
Select Action New				
 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) Delete number 5 from underneath the Admission heading This Change affects other departmental program/branch campuses 				
Reason(s) for Request * (enter tex To clarify and simplify catalog. Orig however, this prerequisite is listed in t		quisite so students would be		taking PADM 596,

Statements to address budgetary and Faculty Load Implications and Long-range planning $N\!/\!A$

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