DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required Name of Initiator: Lina Marie Sandve	Email:* <u>lsandve@ı</u>	ınm.edu Date	: * 10-23-09
Phone Number:* 505 277-1516	Initiator's Rank / Title*	Dept Administrator 3: Ph	hysics Astronomy Department
Department* Physics and Astro	el Finley onomy Division Branch	Administrative Co	_
Proposed effective term: Semester Fall ▼ Year 2010 ▼	7		
	Course Infor	mation	
Select Appropriate Program Name of New or Existing Program * Minor in Phy Catalog Page Number Select Action Revision	ysics De	egree Type Under	rgraduate
Exact Title and Requirements as they show See current catalog for format within the resp. Four courses selected from PHYC 290, 301	pective college (enter te	ext below or upload	
☐ This Change affects other departmen	tal program/branch c	ampuses	
Reason(s) for Request * (enter text below or upload All of our junior- and senior-level courses now require course with many direct applications to physics and astro-	the use of computer-algebra		
Statements to address budgetary and Faculty Load Impli None, since course already requred for our majors.	ications and Long-range plar	nning	* (enter text below or upload a doc/pdf file)