

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2009**

Fields marked with * are required

Name of Initiator: Kathleen Head **Email:** khead@unm.edu **Phone Number:** 505 863-7690 **Date:** 11-30-2016

Associated Forms exist? Initiator's Title
Faculty Contact Administrative Contact
Department Admin Email
Branch Admin Phone

Proposed effective term

Semester Year

Course Information

Select Appropriate Program
Name of New or Existing Program
Select Category Degree Type
Select Action

Exact Title and Requirements as they should appear in the catalog. If there is a change, upload current and proposed requirements.

See current catalog for format within the respective college (upload a doc/pdf file)

[AS in Science Biology Concentration \(3\).docx](#)

☐ **Does this change affect other departmental program/branch campuses? If yes, indicate below.**

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

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[Justification for new Associate of Science in Science Degree.docx](#)

☐ **Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)