

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2126**

Fields marked with * are required

Name of Initiator: Tina Armijo **Email:** tmarmijo@unm.edu **Phone Number:** 505 277-1890 **Date:** 10-27-2017

Associated Forms exist? Yes ▼ Initiator's Title Unit Administrator I
Faculty Contact James Hamill Administrative Contact Tina Armijo
Department Anderson Dept of Accounting Admin Email tmarmijo@unm.edu
Branch Main Admin Phone 7-1890

Proposed effective term

Semester Fall ▼ Year 2018 ▼

Course Information

Select Appropriate Program Graduate Degree Program ▼
Name of New or Existing Program MACCT Accounting concentration: Information Assurance
Select Category Degree ▼ Degree Type Concentration
Select Action Revision ▼

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)

[Form C - MACCT IA 2017.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)
see attached

[Form C - MACCT IA 2017.docx](#)

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)

[Form C - MACCT IA 2017.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)