

**DEGREE/PROGRAM CHANGE  
FORM C**

**Fields marked with \* are required**

**Name of Initiator:** Charles Fleddermann

**Phone Number:\*** 505 277-5521

**Faculty Contact\*** Charles Fleddermann

**Department\*** School of Engineering

**Email:\*** [cbf@unm.edu](mailto:cbf@unm.edu)

**Date:\*** 12-17-10

**Initiator's Rank / Title\*** Associate Dean: School of Engineering

**Administrative Contact\*** April Davidson

**Division**

**Program**

**Branch**

**Proposed effective term:**

Semester

Spring ▼

Year

2011 ▼

**Course Information**

Select Appropriate Program

Graduate Degree Program ▼

CIP Code

Name of New or Existing Program

\* Certificate in Systems Engineering

Catalog Page Number

408

Select Category

Certificate ▼

Degree Type

Select Action

Deletion ▼

**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)

☐ **This Change affects other departmental program/branch campuses**

Reason(s) for Request \* (enter text below or upload a doc/pdf file)  
Program has never had any enrollment.

Statements to address budgetary and Faculty Load Implications and Long-range planning  
No budget implications since there has been no activity in this program.

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