

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C1196**

Fields marked with \* are required

**Name of Initiator:** Amanda Kay Wolfe

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**Date:\*** 11-02-12

**Initiator's Title\*** Associate Director: LAII General Administrat

Associated Forms exist?\*

Yes ▼

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**Administrative Contact\*** Amanda Wolfe

**Department\*** Latin American Studies

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

**Branch**

**Admin Phone\*** 277-7044

**Proposed effective term:**

Semester

Fall ▼

Year

2013 ▼

**Course Information**

Select Appropriate Program

Graduate Degree Program ▼

**Name of New or Existing Program**

\* M.A. Latin American Studies

Select Category

Major ▼

Degree Type

M.A.

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)

[C-1196Language MALAS ExactTitle.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.  
[Reason.docx](#)

Upload a document that inlcudes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications. \*

[Impact.docx](#)