

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C1082**

Fields marked with * are required

Name of Initiator:	Mark Childs	Email:*	mchilds@unm.edu	Date:*	08-22-12
Phone Number:*	505 277-5059	Initiator's Title*	Professor: Sch Arch Planning Gen Admin		
Associated Forms exist?*					
No ▼					
Faculty Contact*	Mark C. Childs	Administrative Contact*	Kathryn Padilla		
Department*	Architecture	Admin Email*	katpad@unm.edu		
Branch		Admin Phone*	277-3133		

Proposed effective term:

Semester	Fall ▼	Year	2013 ▼
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Course Information

Select Appropriate Program	Graduate Degree Program ▼		
Name of New or Existing Program	* Master of Architecture		
Select Category	Major ▼	Degree Type	Master
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)

[Master requirements master arch.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)
Requirement of our professional accreditation (NAAB)

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