

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C1197**

Fields marked with * are required

Name of Initiator: Amanda Kay Wolfe

Phone Number:* 505 277-7044

Email:* akwolfe@unm.edu

Date:* 11-02-12

Initiator's Title* Associate Director: LAII General Administrat

Associated Forms exist?*

Yes ▼

Faculty Contact*

Kathryn McKnight

Department*

Latin American Studies

Branch

Administrative Contact*

Amanda Wolfe

Admin Email*

akwolfe@unm.edu

Admin Phone*

277-7044

Proposed effective term:

Semester

Fall ▼

Year

2013 ▼

Course Information

Select Appropriate Program

Undergraduate Degree Program ▼

Name of New or Existing Program

* BA Latin American Studies

Select Category

Major ▼

Degree Type

BA

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-1197HIST 181-182 Exact Title and Requirements.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.
[HIST 181-182 Reason for Request-mjr.docx](#)

Upload a document that inlcudes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications. *
[HIST 181-182 Impact & Long-Range Planning - mjr.docx](#)