

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C1153**

Fields marked with * are required

Name of Initiator: Colleen Sheinberg **Email:*** colleens@unm.edu **Date:*** 10-29-12
Phone Number:* 505 277-8401 Initiator's Title* Faculty/Music: Visiting Lecturer

Associated Forms exist?* No
Faculty Contact* Colleen Sheinberg Administrative Contact* Steven Block
Department* Music Admin Email* sblock@Unm.edu
Branch Admin Phone* 505-277-2127

Proposed effective term:
Semester Fall Year 2013

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program * Master of Music, Concentration in Music Education
Select Category Concentration Degree Type Graduate
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)

[MM MusEd-Catalog Text.pdf](#)

☐ **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 file
[MM MusEd Form C Reasons.pdf](#)

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications. *
[MM ME Form C-Impact.pdf](#)