

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C1157**

Fields marked with * are required

Name of Initiator: Gregoria Arienda Cavazos		Email:* gcavazos@unm.edu	Date:* 10-29-12
Phone Number:* 505 277-5305	Initiator's Title*	Coord,Program Advisement: Communication Journalism	
Associated Forms exist?*	No ▼		
Faculty Contact*	Glenda Balas		
Department*	Communication & Journalism		
Branch	Administrative Contact*	Gregoria A. Cavazos	
	Admin Email*	gcavazos@unm.edu	
	Admin Phone*	277-1903	

Proposed effective term:

Semester	Fall ▼	Year	2013 ▼
-----------------	--------	-------------	--------

Course Information

Select Appropriate Program	Undergraduate Degree Program ▼		
Name of New or Existing Program	* BA Journalism & Mass Communication		
Select Category	Major ▼	Degree Type	
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)

[JRMCDocx](#)

☐ **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)
This change comes from the Accrediting Council on Education in Journalism and Mass Communication.

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

[JRMCImplications.docx](#)