

**DEGREE/PROGRAM CHANGE
FORM C**

Fields marked with * are required

Name of Initiator: Heather Harwick **Email:*** hharwick@unm.edu **Date:*** 11-19-07
Phone Number:* 505 277-1890 Initiator's Rank / Title* Office Administrator: Anderson Schools of Management
Faculty Contact* Joni Young Administrative Contact* Heather Harwick
Department:* Anderson School of Management
Division **Program**
Branch

Proposed effective term:

Semester Fall ▼ Year 2007 ▼

Course Information

Select Appropriate Program Graduate Degree Program ▼ CIP Code
Name of New or Existing Program * EXPEDITED Master of Acct Tax Concentration
Catalog Page Number 92 Select Category Concentration ▼ Degree Type
Select Action Revision ▼

Exact Title and Requirements as they should appear in the catalog.

See current catalog for format within the respective college (enter text below or upload a doc/pdf file)

This is for the tax concentration only

[MACCT Catalog Tax.doc](#)

This Change affects other departmental program/branch campuses

Reason(s) for Request * (enter text below or upload a doc/pdf file)

Expedited Form C requested by E. Barton 11/16/07

Statements to address budgetary and Faculty Load Implications and Long-range planning

* (enter text below or upload a doc/pdf file)

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