

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2230**

Fields marked with \* are required

**Name of Initiator:** Gene Henley    **Email:** [ghenley@unm.edu](mailto:ghenley@unm.edu)    **Phone Number:** 505 277-1095    **Date:** 07-03-2018

Associated Forms exist? Yes  Initiator's Title Dept Administrator 1: School of Public Administration  
Faculty Contact Bruce Perlman    Administrative Contact Gene Henley  
Department School of Public Administration    Admin Email ghenley  
Branch    Admin Phone 277-1095

**Proposed effective term**

Semester Fall  Year 2019

**Course Information**

Select Appropriate Program Graduate Degree Program

Name of New or Existing Program MPA Public Administration concentration: Health Policy and Administration (delete)

Select Category Concentration  Degree Type Master

Select Action Deletion

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)

[MPA concentration deletions 10.30.18.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)  
Elimination of the Health Policy and Administration Concentration

Upload a document that includes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

[Form C MPA budgetary justification elimination of Health Conc.docx](#)

☐ **Are you proposing a new undergraduate degree or new undergraduate certificate? If yes, upload the following documents.**

Upload a two-page Executive Summary authorized by Associate Provost. (upload a doc/pdf file)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)