

**DEGREE/PROGRAM CHANGE
FORM C**

Fields marked with * are required

Name of Initiator: Kim Norgren

Phone Number*: 505 272-8327

Email*: knorgren@unm.edu

Date*: 03-24-11

Initiator's Rank / Title*

Administrative Coordinator: College of Nursing

Administrative Contact*

Kim Norgren

Faculty Contact*

Susan Fox

Department*

Nursing

Division

Program

Branch

Proposed effective term:

Semester

Fall ▼

Year

2011 ▼

Course Information

Select Appropriate Program

Graduate Degree Program ▼

CIP Code

Name of New or Existing Program

* MSN/MPA

Catalog Page Number

584

Select Category

Degree ▼

Degree Type

Masters

Select Action

Deletion ▼

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)

N/A

☒ **This Change affects other departmental program/branch campuses**

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

Lack of student interest.

Statements to address budgetary and Faculty Load Implications and Long-range planning * (enter text below or upload a doc/pdf file)

Faculty will be available for reassignment.