

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2060**

Fields marked with * are required

Name of Initiator: Julie Ann Morrison **Email:** jmorriso@unm.edu **Phone Number:** 505 277-1516 **Date:** 06-28-2017

Associated Forms exist? No Initiator's Title Department Administrator R2
Faculty Contact Greg Taylor Administrative Contact Julie Morrison
Department Physics and Astronomy Admin Email jmorrison@salud.unm.edu
Branch Main Campus Admin Phone 277-1516

Proposed effective term

Semester Fall Year 2018

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program MS and PHD Physics
Select Category Degree Degree Type MS and PhD
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)

[Title Requirements.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)
Please see attached document.

[Reasons for Request.pdf](#)

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)

[Justification.pdf](#)

☐ **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)