

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2406**

Fields marked with \* are required

**Name of Initiator:** Nancy Pauly    **Email:** [npauly@unm.edu](mailto:npauly@unm.edu)    **Phone Number:** 505 277-0496    **Date:** 11-01-2018

Associated Forms exist?

Initiator's Title ASSOCIATE PROFESSOR

Faculty Contact Nancy Pauly

Administrative Contact Scott Anderson

Department Department of Art

Admin Email sander73@unm.edu

Branch Art Education Main Campus

Admin Phone 5055590722

**Proposed effective term**

Semester

Year

**Course Information**

Select Appropriate Program

Name of New or Existing Program MA Art Education (with licensure)

Select Category

Degree Type MA

Select Action

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)

[Master of Arts in Art Education.catalog.2018.revisions.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 forms.

[Curriculum Change Proposal for MA Art Education with Licensure..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)

[Curriculum Change Proposal for MA Art Education with Licensure..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)