

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2283**

Fields marked with * are required

Name of Initiator: Pamela Sedillo **Email:** psedill1@unm.edu **Phone Number:** 505 272-1917 **Date:** 10-02-2018

Associated Forms exist? Yes Initiator's Title COPH Student Success Manager
Faculty Contact Kristine Tollestrup Administrative Contact Pamela Sedillo
Department Master of Public Health Admin Email psedill1@salud.unm.edu
Branch Admin Phone 21917

Proposed effective term

Semester Fall Year 2019

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program MPH Public Health concentration: Health Systems, Services, & Policy (HSC)
Select Category Concentration Degree Type MPH
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)

[Form C Health Systems, Services and Policy 10.18.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)

This change is associated with the MPH core change form.

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)

[HSSP_implications.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)