

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2281**

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 Copenh 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: Community Health Intervention (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 Community Health Concentration 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 is an associated form with the MPH core requirements. We are also formally dropping the "Intervention" word from the concentration title and adjusting our electives for this 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)

[CHC_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)