

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2695**

Fields marked with \* are required

**Name of Initiator:** Kathryn Coakley    **Email:** [kcoakley@unm.edu](mailto:kcoakley@unm.edu)    **Phone Number:** 505 277-5566  
**Date:** 02-03-2020

Associated Forms exist? Yes ▼ Initiator's Title Assistant Professor: Individual Family Comm Educ I  
Faculty Contact Kathryn Coakley Administrative Contact Cynthia Salas  
Department IFCE Admin Email casalas@unm.edu  
Branch Main Admin Phone 5052774318

**Proposed effective term**

Semester Fall ▼ Year 2021 ▼

**Course Information**

Select Appropriate Program Undergraduate Degree Program ▼  
Name of New or Existing Program UG Minor: Nutrition  
Select Category Minor ▼ Degree Type  
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 and Requirements.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)  
Please see docx file.

[Reason for Request.docx](#)

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.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)