

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2711**

Fields marked with * are required

Name of Initiator: Cheryl Torrez **Email:** catorrez@unm.edu **Phone Number:** 505 277-1169
Date: 06-04-2020

Associated Forms exist?

Initiator's Title

Faculty Contact

Administrative Contact

Department

Admin Email

Branch

Admin Phone

Proposed effective term

Semester Year

Course Information

Select Appropriate Program

Name of New or Existing Program

Select Category Degree Type

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)

[MA SECED catalog changes.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)

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)

[MA in SEC ED Justification and budget.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)