

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2604**

Fields marked with * are required

Name of Initiator: Amy Neel **Email:** atneel@unm.edu **Phone Number:** 505 277-7084 **Date:** 10-30-2019

Associated Forms exist? Yes ▼ Initiator's Title Associate Professor: Speech and Hearing Sciences
Faculty Contact Amy Neel Administrative Contact Erika Elwell
Department Speech and Hearing Sciences Admin Email eelwell@unm.edu
Branch Main Admin Phone 5052774453

Proposed effective term

Semester Fall ▼ Year 2020 ▼

Course Information

Select Appropriate Program Graduate Degree Program ▼
Name of New or Existing Program MS Speech-Language Pathology
Select Category Degree ▼ Degree Type GR
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)

[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)

Separation of courses for accruing clinical clock hours from didactic lab courses. See attached document.

[clinic_explanation.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)

[clinic_explanation.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)