

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2739**

Fields marked with \* are required

**Name of Initiator:** Laura Musselwhite    **Email:** [lmusselwhite@unm.edu](mailto:lmusselwhite@unm.edu)    **Phone Number:** 505 925-8601    **Date:** 09-29-2020

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)

[Early Childhood Education Certificate.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)

[Budget and Workload Implications for ECED.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)