

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2483**

Fields marked with \* are required

**Name of Initiator:** Mary Walker    **Email:** [mkwalker@unm.edu](mailto:mkwalker@unm.edu)    **Phone Number:** 505-272-0580    **Date:** 05-08-2019

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)

[COP MS Tox & PharmSci Program Requirements REVISED 02.24.20.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)

☐ **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)