

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2542**

Fields marked with \* are required

**Name of Initiator:** Pamela Sedillo    **Email:** [psedill1@unm.edu](mailto:psedill1@unm.edu)    **Phone Number:** 505 272-1917    **Date:** 10-03-2019

Associated Forms exist? No ▼ Initiator's Title Student Success Manager  
Faculty Contact Kristine Tollestrup    Administrative Contact Pamela Sedillo  
Department College of Population Health    Admin Email psedill1@salud.unm.edu  
Branch    Admin Phone 5052721917

**Proposed effective term**

Semester Fall ▼ Year 2020 ▼

**Course Information**

Select Appropriate Program Graduate Degree Program ▼  
Name of New or Existing Program MPH Public Health concentration: Community Health (HSC)  
Select Category Concentration ▼ 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)

[Form C Community Health Concentration 10.19.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)

Update Concentration course information

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)

[CHC Concentration Implications.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)