

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2628**

Fields marked with * are required

Name of Initiator: Krista Savoca **Email:** atsirk@unm.edu **Phone Number:** 505 277-2067 **Date:** 10-31-2019

Associated Forms exist? Yes Initiator's Title Associate Director for Program Development
Faculty Contact Ronda Brulotte Administrative Contact Krista Savoca
Department Latin American Studies (LTAM) Admin Email atsirk@unm.edu
Branch Admin Phone 505.277.7044

Proposed effective term

Semester Fall Year 2020

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program MA Latin American Studies concentration: ALL CURRENT (delete)
Select Category Concentration Degree Type M.A.
Select Action Deletion

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 LAS - Concentrations Update 19.11.13.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)
No, this does not affect other departments nor branch campuses.

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)

[Concentrations Justification.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)