

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2679**

Fields marked with * are required

Name of Initiator: Mary Walker **Email:** mkwalker@unm.edu **Phone Number:** 505-272-0580 **Date:** 12-05-2019

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)

☐ **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)

[Doctor of Pharmacy and Master of Science in Pharmaceutical Sciences Registrar Revision 02252020_clean copy.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)

[Impact justification for changes.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)