DEGREE/PROGRAM CHANGE FORM C

Fields marked with * are required	F 21. *11.@	D-4-1* 00 21	00
Name of Initiator: Stephen Burd	Email:*burd@u		<u> </u>
Phone Number:* 505 277-6418	Initiator's Rank / Title*	Associate Professor: ASM Mrkting I	
Faculty Contact ³	* Stephen Burd	Administrative Contact*	Sci Roberta Murray
Department* ASM Mrkting In	*	Administrative Contact*	Roberta Murray
Department ASM Mikting in	Division		Duognom
			Program
	Branch		
Proposed effective term:			
•	2010 —		
Semester Fall Year 2	2010		
Course Information			
Select Appropriate Program Graduate De	egree Program 🔻	CIP Code	
Name of New or Existing Program * Post	-Masters Cert in Manageme	ent - Info Assurance Concentration	1
Catalog Page Number 93 Select Cate	egory Certificate	Degree Type	
Select Action Revision ▼			
Select Action Revision			
Evact Title and Requirements as th	ev should annear in t	ha catalon	
Exact Title and Requirements as they should appear in the catalog. See current catalog for format within the respective college (enter text below or upload a doc/pdf file)			
Replace the requirements listed under the Information Assurance subheading with the following:			
"Information Assurance students must complete five of the following courses: MGMT 544, 594, 636, 637, 639,			
641, 642, 647, and 648. MGMT 594 and 639 sections must be topics related to information assurance. Multiple			
MGMT 594 and 639 sections may be taken as long as the topics vary.			
141GWI 374 and 037 sections may be a	iken as long as the top.	ies vary.	
☐ This Change affects other depa	artmental program/bi	ranch campuses	
	1 8	•	
Reason(s) for Request * (enter text below o	r upload a doc/pdf file)		
Update requirements to reflect renumbered cou	irses.		
Statements to address budgetary and Faculty Lo	ad Implications and Lance	ranga planning	* (enter text below or upload a doc/pdf file)
No changes to budgetary or faculty load implic	eations - renumbered course	es will be offered on the same sche	
course sections that they replace.			