

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C1959**

Fields marked with * are required

Name of Initiator: Tina Armijo **Email:** tmarmijo@unm.edu **Phone Number:** 505 277-1890 **Date:** 10-28-2016

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)

[Form C - MACCtIA 2016.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)

[Form C - MACCtIA 2016.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)

FORM C Degree/Program Change

Anderson School of Management internal approval form

Name of Initiator: Leslie Oakes Email: loakes@unm.edu Date: 9/13/2016

Phone: 7-8991 Initiator's Rank/Title: Chair

Associated Forms Exist: **Yes** No

Faculty Contact: Leslie Oakes Administrative Contact: Tina Armijo

Department: Dept of Accounting

Admin Email: tmarmijo@unm.edu Admin Phone: 7-1890

Branch: Main

Proposed effective term Semester: Fall Year: 2017

Course Information

Circle Program: **UG** GR

Name of new or existing program: Masters of Accounting, Information Assurance

Select Category: **Degree** Major Minor Concentration

Certificate Emphasis Department Subject code

UG Core Course

Degree type:

Select Action: New **Revision** Deletion Name Change

Exact Title and Requirements as they should appear in the catalog:

Requirements: Students must complete the following information assurance accounting courses: MGMT 546, 554, 635, 641, 642, one from the following tax courses: MGMT 547, 590, 591, 592, 593 and complete the following information assurance course: MGMT 636. Three credit hours of accounting course work must be completed from the following courses: MGMT 551 or 552, 553, 555, 594 (special topics in accounting only) in addition to three hours of an additional accounting elective. It is recommended that six credit hours of non-accounting course work be completed from the following courses: MGMT 637, 646, 647, 648, 649 but other non-accounting courses may be substituted for these with the approval of the concentration advisor.

Does this change affect other departmental program/branch campuses? Yes ____ No **X**

Reason(s) for request: With new accreditation standards a Data Analytics course had been added as an option for students to the curriculum. Will now be a required course. Due to high enrollments in listed non accounting courses, they will now be listed as recommended and give students the opportunity to take other courses in consultation with the concentration advisor.

Statements that include justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications: Adding the course to the program will improve our assessment of students at the undergraduate level and long-range improve the program.

Initiator Date

Departmental Admin. Asst. Date
(date first entered on myASM tracking)

Program Coordinator Approval Date

Approved Dept. Chair Date

Approved Curr. Comm. Chair Date

Approved Associate Dean Date

Submitted online to registrar Date