

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2243**

Fields marked with * are required

Name of Initiator: Alec Reber **Email:** areber@unm.edu **Phone Number:** 505-272-1921 **Date:** 08-30-2018

Associated Forms exist? No Initiator's Title Sr Program Manager
Faculty Contact Nancy Kanagy Administrative Contact Alec Reber
Department Biomedical Sciences Admin Email areber@salud.unm.edu
Branch Admin Phone 505-272-1887

Proposed effective term

Semester Summer Year 2019

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program MS Biomedical Sciences - Plan III
Select Category Degree Degree Type Graduate
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)

☐ **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)
Adding Type III to existing MS-BIOM (Plan I and II) program.

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)

[MS-BIOM-TypeIII.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)