

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2147**

Fields marked with * are required

Name of Initiator: Renia Ehrenfeucht **Email:** rehrenfeucht@unm.edu **Phone Number:** 505 277-2168
Date: 10-30-2017

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)

[BAEPD Curriculum Change Supplement to Form C .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)

Please see uploaded document ***REG NOTE: THIS FORM C REQUESTS REVISION TO THE BAEPD DEGREE REQUIREMENTS, AS WELL AS A NAME CHANGE TO THE COMMUNITY AND REGIONAL PLANNING CONCENTRATION***

[BAEPD Justification.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)

[BAEPD Budget Impacts.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)