

**DEGREE/PROGRAM CHANGE
FORM C**

Fields marked with * are required

Name of Initiator: Kim Norgren

Phone Number:* 505 272-8327

Email:* knorgren@unm.edu

Date:* 03-24-11

Initiator's Rank / Title*

Administrative Coordinator: College of Nursing

Faculty Contact* Susan Fox

Department* Nursing

Administrative Contact* Kim Norgren

Division

Branch

Program

Proposed effective term:

Semester **Fall** ▼ Year **2011** ▼

Course Information

Select Appropriate Program **Graduate Degree Program** ▼ CIP Code

Name of New or Existing Program * **MSN/MPA**

Catalog Page Number **584** Select Category **Degree** ▼ Degree Type **Masters**

Select Action **Deletion** ▼

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)

N/A

This Change affects other departmental program/branch campuses

Reason(s) for Request * (enter text below or upload a doc/pdf file)

Lack of student interest.

Statements to address budgetary and Faculty Load Implications and Long-range planning

Faculty will be available for reassignment.

* (enter text below or upload a doc/pdf file)