

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2532**

Fields marked with * are required

Name of Initiator: Joe Anderson **Email:** joea@unm.edu **Phone Number:** 505 272-3664 **Date:** 09-30-2019

Associated Forms exist? Yes Initiator's Title Associate Professor: COP Pharmacy Practice & Admin
Faculty Contact Joe Anderson Administrative Contact Joe Anderson
Department College of Pharmacy Admin Email janderson@salud.unm.edu
Branch Admin Phone 5052723664

Proposed effective term

Semester Fall Year 2020

Course Information

Select Appropriate Program Graduate Degree Program
Name of New or Existing Program PHARMD Doctor of Pharmacy (HSC)
Select Category Degree Degree Type PharmD
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 seminar course during P4 year of Doctor of Pharmacy program to meet additional ACPE accreditation requirements.

[COP PharmD Program Form C Changes 2019.xlsx](#)

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)

☐ **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)