

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2520**

Fields marked with \* are required

**Name of Initiator:** Sabrina Ezzell    **Email:** [sezzell@unm.edu](mailto:sezzell@unm.edu)    **Phone Number:** 505 863-7570    **Date:** 09-17-2019

Associated Forms exist? Yes    
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)

[HS Proposed Cert.pdf](#)  
[2017-2019 Catalog HS Certificate.pdf](#)  
[Cert. in Human Services Revision Side by Side Comparison.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)

[HS Cert Justification.pdf](#)

**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)