DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2508

Fields marked with * are required

Name of Initiator: Alec Reber **Email:** areber@unm.edu **Phone Number:** 505-272-1921 **Date:** 09-06-2019

Associated Forms exist? Yes Initiator's Title Training and Development Consultant

Faculty Contact Nancy Kanagy Administrative Contact Alec Reber

Department Biomedical Sciences Admin Email areber@salud.unm.edu

Branch HSC Admin Phone 272-1887

Proposed effective term

Semester Summer Year 2020

Course Information

Select Appropriate Program Graduate Degree Program

Name of New or Existing Program MS Biomedical Sciences concentration: Clinical Research (HSC)

Select Category Concentration Degree Type MS

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)

2020 MS-BIOM ClinRes Conc-plus MPHY-rev20191018.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)
Updating Core requirements for both MS/PhD-BIOM and MS-BIOM-CR based on program assessment reviews and to reflect new course numbers and recent course revisions (names, course numbers, hours, etc.) previously approved.

Upload a document that inlcudes justification for the program, impact on long-range planning, detailed budget analysis and faculty workload implications.(upload a doc/pdf file)

2020 MS-BIOM ClinRes Conc Justification.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)