

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2745**

Fields marked with * are required

Name of Initiator: Pamela Sedillo	Faculty Contact: Kristine Tollestrup	Department: College of Population Health
Initiator's Title: Student Success Manager	Administrative Contact: Pamela Sedillo	Branch: HSC
Email: psedill1@unm.edu	Admin Email: psedill1@salud.unm.edu	Date: 10-01-2020
Phone Number: 505 272-1917	Admin Phone: 5052721917	

Associated Forms exist? Yes

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)

[Form C Community Health Concentration 10.20.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)

[MPH curricular change justification for formsC.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)

[Implications and Budget.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)