

**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
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Associated Forms exist? Yes

Proposed effective term

Semester Year

Course Information

Select Appropriate Program

Name of New or Existing Program MPH Public Health concentration: Community Health (HSC)

Select Category Degree Type GR

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)

Update concentration requirements

[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)