

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2604**

Fields marked with \* are required

**Name of Initiator:** Amy Neel    **Email:** [atneel@unm.edu](mailto:atneel@unm.edu)    **Phone Number:** 505 277-7084    **Date:** 10-30-2019

Associated Forms exist? Yes  Initiator's Title Associate Professor: Speech and Hearing Sciences  
Faculty Contact Amy Neel    Administrative Contact Erika Elwell  
Department Speech and Hearing Sciences    Admin Email eelwell@unm.edu  
Branch Main    Admin Phone 5052774453

**Proposed effective term**

Semester  Fall  Year  2020

**Course Information**

Select Appropriate Program  Graduate Degree Program   
Name of New or Existing Program MS Speech-Language Pathology  
Select Category  Degree  Degree Type GR  
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)

[catalog\\_changes.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)

Separation of courses for accruing clinical clock hours from didactic lab courses. See attached document.

[clinic\\_explanation.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)

[clinic\\_explanation.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)