

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2712**

Fields marked with \* are required

**Name of Initiator:** Rey Jonathan Lumibao    **Email:** [nathanl@unm.edu](mailto:nathanl@unm.edu)    **Phone Number:** 505 863-7669  
**Date:** 06-08-2020

Associated Forms exist?  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)

[AS.AAS Side by Side Comparison core.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)

[New Program Preliminary Review S19.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)

[New Program Preliminary Review S19.docx](#)

Upload memo from Associate Provost authorizing go-ahead to full proposal. (upload a doc/pdf file)

[AAS in Nursing at UNM-Gallup Provost Office.pdf](#)