

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2695**

Fields marked with * are required

Name of Initiator: Kathryn Coakley **Email:** kcoakley@unm.edu **Phone Number:** 505 277-5566
Date: 02-03-2020

Associated Forms exist? Yes Initiator's Title Assistant Professor: Individual Family Comm Educ I
Faculty Contact Kathryn Coakley Administrative Contact Cynthia Salas
Department IFCE Admin Email casalas@unm.edu
Branch Main Admin Phone 5052774318

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)

[Title and Requirements.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)
Please see docx file.

[Reason for Request.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)

[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)