

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2734**

Fields marked with \* are required

**Name of Initiator:** Brian Vineyard    **Email:** [vineyard@unm.edu](mailto:vineyard@unm.edu)    **Phone Number:** 505 277-1842  
**Date:** 09-25-2020

Associated Forms exist? Yes    
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)

[Certificate in Community Safety and Human Security - Catalog Text.pdf](#)

**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)

[Form C for CSHS Certificate.pdf](#)

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)

[Form C for CSHS Certificate.pdf](#)

**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)

[Executive Summary.pdf](#)

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

[support memo.pdf](#)