

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2749**

**Fields marked with \* are required**

<b>Name of Initiator:</b> Pamela Sedillo	<b>Faculty Contact:</b> Kristine Tollestrup	<b>Department:</b> College of Population Health
<b>Initiator's Title:</b> Student Success Manager	<b>Administrative Contact:</b> Pamela Sedillo	<b>Branch:</b> HSC
<b>Email:</b> <a href="mailto:psedill1@unm.edu">psedill1@unm.edu</a>	<b>Admin Email:</b> psedill1@salud.unm.edu	<b>Date:</b> 10-02-2020
<b>Phone Number:</b> 505 272-1917	<b>Admin Phone:</b> 21917	

Associated Forms exist? Yes

**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)

[Form C MPH Minor 10.20.docx](#)  
[MPH curricular change justification for formsC.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)

[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)