

**DEGREE/PROGRAM CHANGE  
FORM C  
Form Number: C2978**

Fields marked with \* are required

<b>Name of Initiator:</b> Sharae Scott	<b>Faculty Contact</b> Reilly White	<b>Department</b> ASM
<b>Initiator's Title</b> Coord,Scheduling Sr: ASM Administration	<b>Administrative Contact</b> Michelle Darling	<b>Branch</b> Main
<b>Email:</b> <a href="mailto:sscott4@unm.edu">sscott4@unm.edu</a>	<b>Admin Email</b> mgdarling01@unm.edu	<b>Date:</b> 03-09-2022
<b>Phone Number:</b> 505 277-0367	<b>Admin Phone</b> 7-0367	

Associated Forms exist?

**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)

☐ 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)  
  
[Jack Signed Form C - Degree or Program Change \(Rev Aug 2020\)- Deletion of concentrations.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)

☐ 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)