

**DEGREE/PROGRAM CHANGE
FORM C
Form Number: C2543**

Fields marked with * are required

Name of Initiator: Pamela Sedillo **Email:** psedill1@unm.edu **Phone Number:** 505 272-1917 **Date:** 10-03-2019

Associated Forms exist? Yes Initiator's Title **Student Success Manager**
Faculty Contact **Kristine Tollestrup** Administrative Contact **Pamela Sedillo**
Department **College of Population Health** Admin Email psedill1@salud.unm.edu
Branch Admin Phone **5052721917**

Proposed effective term

Semester Year

Course Information

Select Appropriate Program
Name of New or Existing Program **MPH Public Health concentration: Epidemiology (HSC)**
Select Category Degree Type **GR**
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 Epidemiology Concentration 10.19ps.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)

Update Epidemiology Concentration course information

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)

[Epi Concentration Implications.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)