



AREA 1: Submission Information

College: _____

Department: _____

Degree: _____

Major: _____

Concentration: _____

Proposed Effective Term: _____

Person completing this application: _____

Title: _____

Phone: _____

Email: _____

Date Submission Started: _____

AREA 2: Checklist for Approvals

- | | |
|---|---|
| <input type="checkbox"/> Departmental Faculty | <input type="checkbox"/> Graduate Dean* |
| <input type="checkbox"/> Department Head | <input type="checkbox"/> Associate Deans Acad. Council (ADAC) |
| <input type="checkbox"/> Academic Dean | <input type="checkbox"/> Send to Registrar's Office (coding) |

**For Masters/Doctoral Concentrations only.*

AREA 3: General Questions

1. New academic program(s):

- | | |
|--|---|
| <input type="checkbox"/> Undergraduate Concentration | <input type="checkbox"/> Graduate Concentration |
|--|---|

REQUIRED ATTACHMENTS

- A. Catalog Description of the Program that includes: (add at the end of the form)
- o Name of the degree/major the concentration will be tied to
 - o Descriptive summary of the program
 - o Course requirements
 - o Admissions requirements (if any)

If the program is approved, catalog description will be published in the appropriate catalog and must be posted on the department website.



New Concentration Form

- B. Bachelor Degree program applications
 - o Alignment and inclusion in Meta-Major(s)

2. **Approvals.** Do any of the approvals identified below fit to your college, community college, department or program? (Yes or No.) If Yes, explain the situation

a. Is your proposed addition using courses from another department/college?

b. If yes to the above question, has the department already gotten the approval from those department(s)/college(s) prior to the submission of this program addition?

Departmental (faculty): Yes No N/A Signature: _____

College: Yes No N/A Signature: _____

Community College: Yes No N/A Signature: _____

AREA 4: Topic Specific Questions

Section A. Characteristics of the Change Requested

1. Identify the basic characteristics of the proposed educational program as indicated below:

a) total credit hours for completion of the program

b) normal or typical length of time for students to complete the program

c) proposed initial date for implementation of the program



New Concentration Form

Contact Information
debgiron@nmsu.edu
krkeyes@nmsu.edu

AREA 5: Approval Signatures (in sequential order)

Departmental Faculty:	Date:
Department Head:	Date:
Academic Dean:	Date:
Graduate Dean (grad only):	Date:
Associate Deans Academic Council (ADAC):	Date:

AREA 6: Internal Processing: (REGISTRAR'S OFFICE PROCESSING ONLY)

AREAS	BANNER CODING	DESCRIPTION
Campus		
College		
Level		
Banner Program		
Degree		
Major		
CIP Code		
Financial Aid		
Banner Rule #		
Term		
Credit Hours		
Note		