

New Program Code Replace Program Code Date: _____

REQUESTOR CONTACT INFORMATION

Name _____ Campus _____
 Title _____ Email _____
 Office/Dept _____ Phone _____

NEW PROGRAM CODE TO CREATE

Institution _____ Campus _____
 Level _____ Effective Term _____

	Code (Max. Characters)	Description	Check if requesting new code:
College	(2) _____	_____	<input type="checkbox"/> See Banner form STV_COLL
Department	(4) _____	_____	<input type="checkbox"/> See Banner form STV_DEPT
Degree/Certificate	(6) _____	_____	<input type="checkbox"/> See Banner form STV_DEGC
Major	(4) _____	_____	<input type="checkbox"/> See Banner form STV_MAJR
Concentration	(4) _____	_____	<input type="checkbox"/> See Banner form STV_MAJR
Minor	(4) _____	_____	<input type="checkbox"/> See Banner form STV_MAJR

If a similar major/concentration code exists in Banner, please list the code: _____

Justification to warrant a new major/concentration code similar to an existing major/concentration code:

Is this major/concentration code being used the same way at the other UH campuses? Yes No

Should this program be available for applicants to select as their planned course of study on the online application? *If yes, student may select the code as their only program of study.* Yes No

RULES PERTAINING TO FINANCIAL AID AND 150% DIRECT SUBSIDIZED LOAN LIMIT LEGISLATION

Is 50% or greater of the classes in this program offered at a location other than the Home Campus? Yes No

Is this program/major/certificate financial aid eligible? Yes No

Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)?
 See <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>

Program Length

In academic years; decimals are acceptable. The length of the program should match what is published by the campus in any online and/or written publication.

Special Program Designations A B N P T U

See Special Program Designations Code Definitions on IRAO Program Code Request webpage

Required Terms of Enrollment: Fall Spring Summer Extended

EXISTING PROGRAM CODE TO REPLACE, IF APPLICABLE

Program Code _____	Program Description _____
Institution _____	Campus _____
College _____	Department _____
Level _____	
Are current students "grandfathered" under the program code? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Should the old program code be available for use in Banner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Effective , old program code will no longer be available to admit or recruit students.	
<small>Term (ie. Fall 2020)</small>	
<i>This will turn off the online application, recruitment (effects Banner forms SRASUMI and SRAQUIK) and admissions (effects Banner forms SAADCRV, SAAADMS, SAASUMI, SAAQUIK, and SAAQUAN) Banner modules.</i>	
Effective , old program code will no longer be available to award degree to students.	
<small>Term (ie. Fall 2020)</small>	
<i>This will turn off the general student (effects Banner form SGASTDN) and academic history (effects Banner form SHADEGR) Banner modules.</i>	

ATTACHMENTS

BOR Approved: Sole-credential Certificate, Associate, Bachelor and Graduate Degrees, and sole credential certificates

- BOR Meeting Minutes & Supporting Documents Curriculum

Chancellor Approved: Concentrations, Certificates and Associate in Technical Studies (ATS) Degree

- Memo from Chancellor to notify Vice President for Academic Planning and Policy regarding program action.
 Curriculum

<p>CERTIFICATES ONLY: Please check one (1) statement. This certificate is a...</p> <p><input type="checkbox"/> BOR approved certificate. BOR Meeting/Approval Date: _____</p> <p><input type="checkbox"/> Chancellor approved within an authorized BOR program. BOR Program: _____</p> <p><input type="checkbox"/> Chancellor approved CO in accordance with UHCCP 5.203, Section IV.B.10.</p>

VERIFICATIONS

By signing below, I verify that I have reviewed and confirm the above information that is pertinent to my position.

<p>Registrar (Print Name)</p> <p>_____</p>	<p>Financial Aid Officer (Print Name)</p> <p>_____</p>	<p>For Community Colleges, verification of consultation with OVPCC Academic Affairs: Tammi Oyadomari-Chun</p> <p>_____</p>
Signature	Date	Signature
Signature	Date	Signature
Signature	Date	Signature

ADDITIONAL COMMENTS



UNIVERSITY
of HAWAII®
MĀNOA



May 12, 2021

MEMORANDUM

TO: David Lassner, President

VIA: Michael Bruno, Provost *Michael Bruno*

VIA: Laura E. Lyons, Associate Vice Chancellor for Academic Affairs *Laura E. Lyons*

VIA: Krystyna Aune, Dean, Graduate Division *Krystyna Aune*

VIA: Jerris Hedges, Dean, John A. Burns School of Medicine *Jerris R. Hedges, MD*

FROM: John J. Chen, Chair, Department of Quantitative Health Sciences *John Chen*

SUBJECT: REQUEST TO CHANGE DEGREE NAME FROM CLINICAL AND TRANSLATIONAL RESEARCH TO QUANTITATIVE HEALTH AND CLINICAL RESEARCH

SPECIFIC ACTION REQUESTED:

We request your approval of the change in degree name from MS in “Clinical and Translational Research” to MS in “Quantitative Health and Clinical Research”.

EFFECTIVE DATE:

Fall 2021.

ADDITIONAL COST:

There is no additional cost associated with this request.

PURPOSE:

The purpose of this change in degree name is to accurately reflect the curricular focus of the degree program to current and prospective students and colleagues and keep pace with the evolution of the discipline.

BACKGROUND:

Pursuant to EP 5.201, Approval of New Academic Programs and Review of Provisional Programs, degree program name changes are delegated by the Board of Regents to the President.

The MS graduate program in Clinical and Translational Research has two tracks, Clinical Research and Quantitative Health Sciences. The program is housed within the Department of Quantitative Health Sciences, where the majority of its faculty members have expertise in various aspects of quantitative health research, such as biostatistics and bioinformatics.

In both course curricula and research experiences, the graduate program not only includes clinical research, but also in-depth learning of many aspects of quantitative health sciences. To increase the effectiveness of recruitment and more accurately represent the specialties of the faculty members in the department and the program, we propose a name change from “Clinical and Translational Research” to “Quantitative Health and Clinical Research”.

Given the significant shortage in the quantitative health sciences workforce currently and projected for the future, the proposed program name change will better attract promising students who are interested in various quantitative research career paths, and be more relevant as they embark on their careers to help meet the critical need of quantitative health scientists in the healthcare workforce of Hawai'i and the Pacific region.

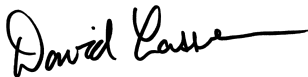
As a change in the degree name has no budget or other broader impacts, this proposal has been reviewed and approved by the department and graduate program faculty and staff. No comment or concerns were made.

ACTION RECOMMENDED:

We recommend your approval of the change in degree name from MS in “Clinical and Translational Research” to MS in “Quantitative Health and Clinical Research”.



APPROVED/DISAPPROVED



May 23, 2021

David Lassner
President

Date












CTR Graduate Program Degree Name Change


Final Audit Report


2021-05-23


Created:	2021-05-13
By:	Munirih Taafaki (mtaafaki@hawaii.edu)
Status:	Signed
Transaction ID:	CBJCHBCAABAAUT2IB_PjxXXCzTxvUueZ80XyiSFI69iO


"CTR Graduate Program Degree Name Change" History


-  Document created by Munirih Taafaki (mtaafaki@hawaii.edu)
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-  Document e-signed by David Lassner (david.lassner@hawaii.edu)
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2021-05-23 - 7:30:30 PM GMT