IRAO OFFICE USE ONLY				
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MTVCOMP/Codeset				
Master Curriculum				
CIP Code				
Program Code				
Program Description				

University of Hawai'i
Code Request Form for Academic Programs for

## NEW OR MODIFY PROGRAM CODE

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	UHWO A	<u>·                                      </u>	lty Affairs Specialis	Campus t Email Phone	tota(	West ( @hawai 2314				0
		JH West Oahu dergraduate Code		Campus Effective	Term		Distance 0 - Fall 20		tion W	OA O
Justification to	(/ iicate (/ / n (/ ajor/conce	a new major/con-	Business Admin Business Admin Bachelor of Arts Business Admin Hospitality and Tests in Banner, please centration code simulations available, so the contraction and the second se	istration istration ourism e list the code: ilar to an exist	ing ma	[ [ [ [ 	See Ba See Ba See Ba See Ba See Ba See Ba centration	nner form nner form nner form nner form nner form	m STVCo m STVDI m STVM m STVM m STVM	OLL EPT EGC AJR AJR AJR
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Campus? Is this program Does this certi program)? See http://www.afm Program Leng In academic years; any online and or w Special Progra	m/major/o ificate qua wellgov Cam th decimals are written publica am Design	certificate financia alify as a Gainful E pulEmploymenthyo'inde; acceptable. The length of acceptable. The length of actions	mployment Program  x.html  of the program should mate.	n (Title IV-eligi	ble ce	rtificate	<u> </u>	Yes Yes Yes		No No No
See Special Progra Program Code Rey Required Tern	next webpage		RAO	Spring		Sum	mer		ehnetv	d

## University of Hawai'i Code Request Form for Academic Programs

## **NEW OR MODIFY PROGRAM CODE**

ADDITIONAL COMMENTS		
ATTACHMENTS		
BOR Meeting Minutes & Suppo	related to authorized BOR program & Ass	Curriculum
For new certificates approved by	the Chancellor, the related BOR authorize	ed academic program is:
VERIFICATIONS		
By signing below, I verify that I had	ve reviewed and confirm the above infor	mation that is pertinent to my position.
Registrar:		27. Ta
Robyn Oshiro	MAS	05/01/2018
Print Name	Signature	Date
Interim Director for Financial Aid		
James Cromwell	2/he/	5/1/16
Print Name	Signature	Date
For Community Colleges, verification	on of consultation with OVPCC Academic	: Affairs:
Print Name	Signature	Date

CC use only: Action No:	UHWO Form PC3
	Last Modified: 2013-09-29
D - D 11	

## University of Hawai'i – West O'ahu FORM FOR MODIFICATION OF ACADEMIC CONCENTRATION OR CERTIFICATE PROGRAM

<ol> <li>Please indicate the following</li> </ol>	1.	. P1	ease	indicate	the	follo	wing
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- a. Name of Academic Concentration or Certificate Program: BUSA Hospitality & Toursim
- b. Deletions to current program requirements:
- c. Additions to current program requirements: Online Delivery
- d. Deletions to current program prerequisites:
- e. Additions to current program prerequisites:
- f. New program narrative, if applicable (for course catalog):
- g. Modify program deleted course(s):

Note: For all deleted courses, form CC2 should already be completed, submitted, and approved.

h. Modify program – added course(s):

Note: For all added courses, form CC1 should already be completed, submitted, and approved.'

- i. Location of primary references to modified program in current catalog (e.g., Modify requirements for Concentration in Psychology, p. 48):
- 2. Justification or rationale for program modification:

Modifying the Hospitality & Tourism program for online delivery for all students, making

this concentration more accessible.

3.	Will the proposed program modification require any additional resources?  X□ No □ Yes					
	If "yes," please explain:					
4.	. Have all relevant personnel been consulted? □ No X□ Yes					
	If "yes," please obta	in signatures of th	ose who approve:			
Nan	ne	Concentration	Signature			
	II					
5.	<ol> <li>Does this change request impact existing Articulation Agreements?</li> <li>X□ No □ Yes</li> </ol>					
	If "yes," please identify articulation agreements by name/title:					
	If "yes," have necess ☐ No ☐ Yes	sary revisions bee	n made?			
	If "yes," please obtain signatures of those who approve:					

Name	Concentration	Signature	
Ivalile (	Concentration	Signature	
		1	
6. Modification requeste	d by:		
Requester Name (Please Pr	int): R	equester Signature	Date
***		March Pd.	8/1/2016
Holly Itoga		H OCCU \$ 10911	
		0	
7. Modification Reviewe	d by:		
			-
Division/Program Chair (P. Print)	lease C	hair Signature	Date
1 init)		D /all	1/1/
Derrek Choy		Den Con	16/11/1
			112
8. Modification Approve	d by:		
o. Modification Approve	d by.		
Curriculum Chair Name (P	lease C	C Signature A	Date
Print):		~ < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
RICHARD M. JON	185 1	luck m. Joses	11/22/16
Vice Chancellor Academic		CAA Signature	Date
(Please Print):			
Teffrey MMIZ	8	effy mo	12/2/16
Chancellor	l C	hancellor Signature	Date
(Please Print): Doris C	hing (	now ching	12-7-16
Doris Chin	2 0	bow Chif	12-7-16