

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)?  Yes  No

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?  Yes  No

Should the old program code be available for use in Banner?  Yes  No

**Effective**  **, old program code will no longer be available to admit or recruit students.**  
Term (ie. Fall 2022)

*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.*

**Effective**  **, old program code will no longer be available to award degree to students.**  
Term (ie. Fall 2022)

*This will turn off the general student (effects Banner form SGASTDN) and academic history (effects Banner form SHADEGR) Banner modules.*

**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

**CERTIFICATES ONLY: Please check one (1) statement.** This certificate is a...

BOR approved certificate. BOR Meeting/Approval Date: \_\_\_\_\_

Chancellor approved within an authorized BOR program. BOR Program: \_\_\_\_\_

Chancellor approved CO in accordance with UHCCP 5.203, Section IV.B.10.

**VERIFICATIONS**

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

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

**ADDITIONAL COMMENTS** (Specific instructions, selected CIP Code, applicable applications (System App Wx, CAS ...))