

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 STVCOLL
Department	(4) _____	_____	<input type="checkbox"/> See Banner form STVDEPT
Degree/Certificate	(6) _____	_____	<input type="checkbox"/> See Banner form STVDEGC
Major	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR
Concentration	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR
Minor	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR

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? <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