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

University of Hawai'i
Code Request Form for Academic Programs

REPLACE PROGRAM CODE

Date: 3/30/16

REQUESTOR CONTACT INFORMATION

Name	Debie Amby	Campus	UH Maui College ▼
Title	Banner/Curriculum Specialist	Email	debie@hawaii.edu
Office/Dept	Academic Affairs	Phone	808-984-3378

NEW PROGRAM CODE TO CREATE

Institution	MAU - UH Maui College ▼	Campus	MAU - UH Maui College ▼
Level	UG - Undergraduate ▼	Effective Term	Fall 2016

	Code (Max. Characters)	Description	Check if requesting new code:
College	(2) IN	Instructional	☐ See Banner form STVCOLL
Department	(4) BSH	Business & Hospitality	☐ See Banner form STVDEPT
Degree/Certificate	(6) AAS	Associate in Applied Science	☐ See Banner form STVDEGC
Major	(4) BTEC	Business Technology	☐ See Banner form STVMAJR
Concentration	(4) MEDO	Medical Office Specialist	☐ See Banner form STVMAJR
Minor	(4)		☐ See Banner form STVMAJR

If a similar major/concentration code exists in Banner, please list the code: MEDO (Medical Office Specialty)

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

The current concentration, Medical Assistant II implies that it prepares students to be clinical medical assistants. The program would like

to rename it, to accurately reflect its purpose to prepare students to be administrative medical assistants, not clinical medical assistants.

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.tfap.ed.gov GainfulEmploymentInfo index.html*	☐ Yes	☑ No

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.   2.0

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

Program Code	MDA2	Program Description	Medical Assistant II
Institution	MAU - UH Maui College ▾	Campus	MAU - UH Maui College ▾
College	Instructional	Department	BSH
Level	UG - Undergraduate ▾		

Are current students "grandfathered" under the program code?   ☐ Yes ☑ No

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

Effective | Spring 2017 | **, old program code will no longer be available to admit or recruit students.**
Term (ie. Fall 2014)

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 | Spring 2019 | **, old program code will no longer be available to award degree to students.**
Term (ie. Fall 2014)

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

ATTACHMENTS

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

☐ BOR Meeting Minutes & Supporting Documents [1]   ☐ Curriculum

☐ Memo with President's Approval, with cc to VPAA, to change existing code [2]

Chancellor Approved: Certificates (eg. Certificate of Achievements, Certificates of Competence, Subject Certificates, Academic Subject Certificates) & Associate in Technical Studies (ATS) Degree

☑ Memo from Chancellor to VPAA to change existing code and create new code   ☐ Curriculum
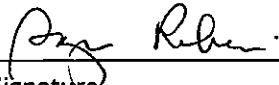
VERIFICATIONS

Registrar:

Flora Mora	*[signature]*	10/13/16
Print Name	Signature	Date

Financial Aid Officer:

Davileigh Nae'ole	*[signature]* Davileigh Nae'ole	10/13/16
Print Name	Signature	Date

For Community Colleges, verification of consultation with OVPCC Academic Affairs:

Suzette Robinson	*[signature]*	12/14/16
Print Name	Signature	Date

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[1] Required for change in degree.
[2] Required for program title with no substantive change in curriculum.

Curriculum Proposal Cover Sheet – Program/Degree/Certificate
Routing procedure – Official Signatures on Signature Page

Program Name: ____Business Technology____

or

Course Alpha & Number: _____

Author: ____Sandy Lau____

Proposal Type:
☐ Addition
✓ Modification
☐ Deletion

Date of Activity:

_____ Author Signature

_____ Curriculum Representative Signature

_____ Department Chair Signature

_____12/10/15_____ Curriculum Chair Signature

_____ Proposals Posted in Website for General Review

_____ Academic Senate Chair Signature

_____ Chief Academic Officer Signature

_____ Chancellor Signature

_____ NEW DEGREES ONLY! Chief Academic Officers Approval

_____ NEW DEGREES ONLY! Board of Regents Approval

_____ Signature Sheet Returned to Curriculum Chair

Distribution, Posting and Follow-Up:

_____ Notify Proposers of Approval

_____ Banner & IRO Input

_____ Catalog Input Complete

_____ Articulation Forms Forwarded to Articulation Coordinator

_____ Five-Year Review Database Updated

_____ Originals Filed in Chief Academic Officer's Office

_____ Registrar & Counseling Notified

University of Hawaii Maui College
Curriculum Action Request (CAR) Form
Program/Degree/Certificate

1. Author(s): Sandy Low

2. Department: Business   Program: Business Technology

3. Date submitted to Curriculum Committee:

4. Program proposal
   ☐ New program *(attach program proposal and program map)*   ☐ Change of name to existing program

   Existing program   *Title:*
   Proposed program   *Title:*

5. Credential (degree or certificate) proposal
   ☐ New credential added to existing program   ☒ Modification to existing credential

   Type of credential
   Degree: ☐ AA   ☐ AS   ☒ AAS   Certificate: ☐ CA ☐ CC ☐ CO ☐ ASC
   ☐ Other, specify:

   Existing credential: *Title:* Medical Assistant II   *Credits:* 62
   Proposed credential: *Title:* Medical Office Specialist   *Credits:* 62

   If modification, describe change:
   ☒ Change in credential name
   ☐ Change in course requirement(s); specify:
   ☐ Change in prerequisite(s) for credential; specify:
   ☐ Other; specify:

   ☐ Program map must be attached. *(For modifications, write changes on copy of current catalog map.)*

6. Reason for this curriculum action:
   To more accurately name the program. Students declaring as Medical Assistant II majors think that the program is following clinical medical assistant curriculum, but the program is preparing students to be administrative medical assistants. A clinical medical assistant program requires more health related courses and less office administration courses.

7. Proposed term of first offering: <u>fall</u> semester of <u>2016</u> year.

8. Special fees required: ☒ no ☐ yes, explain:

9. Special resources (personnel, supplies, etc.) required: ☒ no ☐ yes, explain:

10. Special scheduling considerations: ☒ no ☐ yes, explain:

11. Which program SLOs does this certificate support? *(list all that apply and explain, if necessary.)*
    ☒ Program SLO 1: Communicate clearly and effectively through oral and written interactions, complying with standard office etiquette Explain:
    ☒ Program SLO 2: Use research and decision making skills to make informed choices consistent with personal and organizational goals. Explain:
    ☒ Program SLO 3: Apply appropriate strategies to secure employment, retain a job, and advance in a career. Explain:

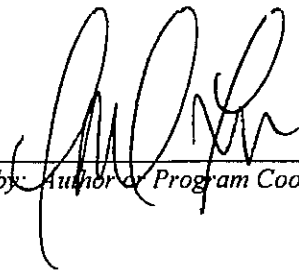12. Current UHMC Catalog needs revision on page(s): 38, 39 , 10 , 26

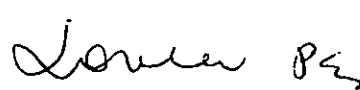13. Additional Information: Program SLO Cont. -

Program SLO 4: Use current and emerging technologies effectively to create and manage documents and handle multiple
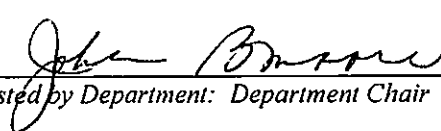   priorities.
Program SLO 5: Work as a responsible member of a team to meet an organization's objectives.
Program SLO 6: Demonstrate professionalism in work quality, appearance, attitude, and workplace behavior as required in a
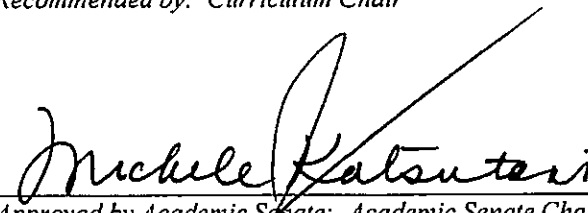   diverse business environment.

University of Hawaii Maui College
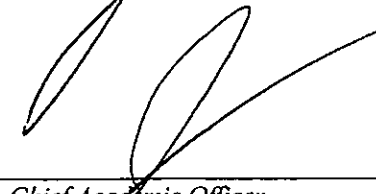## Curriculum Action Request (CAR) Signature Page

_____   10/17/2015
Proposed by: Author or Program Coordinator   Date

_____   11/16/15
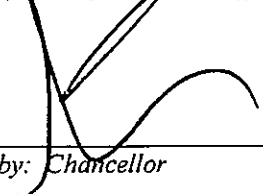Checked by: Academic Subject Area Representative to Curriculum Committee   Date

_____   11/20/15
Requested by Department: Department Chair   Date

_____   12/10/15
Recommended by: Curriculum Chair   Date

_____   1-8-16
Approved by Academic Senate: Academic Senate Chair   Date

_____   1-8-16
Endorsed by: Chief Academic Officer   Date

_____   1-8-16
Approved by: Chancellor   Date