

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

<b>REQUESTOR CONTACT INFORMATION</b>	
Date: 4/24/15	Effective term of request (Semester-Year): Fall 2014
Name: Debbie Amby	Title: Banner/Curriculum Specialist
Campus: UH Maui College	Office/Department: Academic Affairs
Phone: 808-984-3378	Email: debie@hawaii.edu

<b>1. PROGRAM CODE, MAJOR CODE, CONCENTRATION CODE</b>		<b>Banner forms: SMAPRLE, SOA@URR, STVMAJR</b>	
Institution: UH Maui College (MAU)	College: Instructional (IN)	Department: Nursing (NURS)	
<input type="checkbox"/> New program code <input checked="" type="checkbox"/> Change/replace existing program code: CC-NURS-TAA2			
Level: <input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> First-Professional <input type="checkbox"/> Post-Baccalaureate <input type="checkbox"/> Other:			
Degree: _____ Certificate: CO Certificate of Competence			
If requesting an existing Major code and/or Concentration code in Banner:			
Existing Major: NURS    Nursing	Description	Existing Concentration: TAA2    Therapeutic Activity Aide II	Description
If requesting a new <input type="checkbox"/> Major code or <input type="checkbox"/> Concentration code that does not exist in Banner:			
New Code [4 char/space limit]:		Description [30 char/space limit]:	
If a similar major/concentration code exists in Banner, please list the code:			
Is this major/concentration code being used the same way at other UH campuses?			
Is 50% or greater of the classes in this program offered at a location other than the Home Campus? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(Please consult your Financial Aid Officer on Program Participation Agreement Impact)			
Is this program/major/certificate financial aid eligible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    (Financial Aid Officer consultation required for all new program codes)			
Should this program be available for applicants to select as their planned course of study on the online application? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If yes, students may select the code as their only program of study.)			

UNIVERSITY OF HAWAII  
 CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

**Replacing or eliminating an existing program code:**

If replacing an existing program code, are current students "grandfathered" under the old code?  Yes  No

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

Will the old program code be available for:

	Yes	No	Ending Term (Semester-Year)
Banner Module	<input type="checkbox"/>	<input type="checkbox"/>	
Online Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	201440 (Summer 2014)
Recruitment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	201440 (Summer 2014)
Admissions	<input type="checkbox"/>	<input type="checkbox"/>	
General Student	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Academic History	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

**2. CERTIFICATES ONLY:**

Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)?  Yes  No

(Please consult your Financial Aid Officer or see: <http://www.tapp.ed.gov/GainfulEmploymentInfo/index.html>)

For new certificates approved by the Chancellor, the related BOR authorized academic program is: Nursing (NURS)

3. NEW CAMPUS, COLLEGE DIVISION, OR DEPARTMENT CODE		Banner forms: STVCAMP, STVGOLL, STVDIVS, STVDEPT
Campus code [3 char]:		Campus description [30 char/space limit]:
College code [2 char]:		College description [30 char/space limit]:
Division code [4 char/space limit]:		Division description [30 char/space limit]:
Department code [4 char/space limit]:		Department description [30 char/space limit]:

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

<b>4. NEW COURSE SUBJECT CODE (Subject Alpha)</b>		<b>Banner form: STVSUBJ</b>
College:	Department:	
Subject code [4 char/space limit]:	Subject description [30 char/space limit]:	

<b>5. NEW MINOR (Minor codes are listed on the Major code table)</b>		<b>Banner form: STVMALR</b>
Minor Code [4 char/space limit]:	Minor Description [30 char/space limit]:	

Please briefly describe your request and explain why you are requesting the code(s):  
 To change the Certificate of Completion in Therapeutic Activity Aide II to a Certificate of Competence in Therapeutic Activity Aide II, to meet the UHCC Policy 5.203 effective Fall 2014.  
 The program length is one year and the Special Program Designation Code is N.

<b>SUPPORTING DOCUMENTATION</b>
<p>Please see the <b>Code Request Guide</b> for the required supporting documents to be submitted. Documents submitted with this form:</p> <p><input type="checkbox"/> Board of Regents meeting minutes and supporting documents provided to the BOR</p> <p><input type="checkbox"/> Memo from UH President</p> <p><input type="checkbox"/> Memo from Chancellor</p> <p><input type="checkbox"/> Curriculum (required for requests for new programs/majors/minors/certificates)</p> <p><input type="checkbox"/> Gainful Employment Program notification to the US Department of Education</p> <p><input type="checkbox"/> Other: _____</p>

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

**CAMPUS VERIFICATION**

Requestor Signature \_\_\_\_\_ Date 5/6/15

Registrar (if different from Requestor)

CATHERINE BTD

Print name

Email/memo in lieu of Registrar's signature may be attached

Signature

Date

**MAY 7 2015**

**Financial Aid Officer** (Financial Aid Officer consultation required for all new program codes)

KILIANA M. NEV

Print name

Email/memo in lieu of Financial Aid Officer's signature may be attached

Signature

Date

5-6-15

**For Community Colleges, verification of consultation with OVPPC Academic Affairs:**

Suzette Robinson

Print name

Email/memo in lieu of signature may be attached

Suzette Robinson

Signature

Date

5/28/15

**Send completed form and supporting documentation to:**

Institutional Research and Analysis Office (IRAO)  
1633 Bachman Place  
Sinclair Annex 2, Room 4  
Honolulu, HI 96822

Email: [iro-mail@lists.hawaii.edu](mailto:iro-mail@lists.hawaii.edu)  
Fax: 808-956-9870  
Phone: 808-956-7532

**After all required forms and supporting documents have been submitted, please allow at least two weeks for processing by IRAO and Banner Central.**

FOR INTERNAL USE ONLY	
Program code [12]:	Date form/docs received:
CIP code [6]:	Program Description [30]:
	CIP description [30]:

May 8, 2015

MEMORANDUM

TO: Dr. Risa Dickson  
Executive Vice President for Academic Affairs

FROM: Dr. Lui Hokoana  
Chancellor, UH Maui College

SUBJECT: Program Action at UH Maui College

I have approved the following program actions so that the necessary program codes can be established in Banner.

If you have any questions or concerns, please let me know. Thank you for your assistance.

NEW

Associate of Applied Science - Business Technology - Medical Assistant II (AAS-BTEC-MA2)  
Certificate of Competence - Aging (CO-HSER-IAGE)  
Certificate of Competence - Virtual Office Assistant (CO-BTEC-VOA)

Certificate of Competence - Therapeutic Activity Aide II (CO-NURS-TAA2)

Certificate of Competence - Hawaiian Music (ASC-HMUS)

Certificate of Competence - Community Health Worker (CO-HSER-CHWN)

Certificate of Completion - Therapeutic Activity Aide II (CC-NURS-TAA2)

(create and later replace with CO-NURS-TAA2)

Certificate of Completion - Community Health Worker (CC-HSER-CHWN)

(create and later replace with CO-HSER-CHWN)

DELETE

Associate of Applied Science - Business Technology - Medical Office  
Associate of Applied Science - Business Technology - Health Unit Coordinator  
Associate of Applied Science - Business Technology - Legal Office

CC: Pearl Iboshi, Director of IRAO

Suzette Robinson, UHCC Director of Academic Programs



2002-2003  
MetLife Foundation  
Best-Practice College  
Award Recipient



2008  
Bellwether  
Award Recipient



2009  
Presidents  
Higher  
Education  
Community  
Service  
Honor Roll

310 W. Kaahumanu Avenue  
Kahului, HI 96732-1617  
Telephone: 808 984-3655  
Fax: 808 984-3546  
Website: www.maui.hawaii.edu  
An Equal Opportunity/Affirmative  
Action Institution

