

UNIVERSITY OF HAWAII  
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

REQUESTOR CONTACT INFORMATION	
Date: 14 May 2012      30 July 2014	Effective term of request (Semester-Year): Fall 2008 (200910)
Name: Louise Pagotto	Title: Vice-Chancellor for Academic Affairs
Campus: Kapi'olani	Office/Department: Academic Affairs
Phone: 808 734-9519	Email: pagotto@hawaii.edu

1. PROGRAM CODE, MAJOR CODE, CONCENTRATION CODE		Banner forms: SMAPRL, SOACUR, STVMAJR	
Institution: Kapiolani CC (KAP)	College: FH	Department: FH	
<input type="checkbox"/> New program code <input checked="" type="checkbox"/> Change/replace existing program code: CA-FSCA UP			
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: CA Certificate of Achievement UP	
If requesting an existing Major code and/or Concentration code in Banner:			
Existing Major: CULN    Culinary Arts	Existing Concentration: CUL    FSCA    Culinary Arts		
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?    yes			
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 <small>(Please consult your Financial Aid Officer on Program Participation Agreement impact)</small>			
Is this program/major/certificate financial aid eligible? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(Financial Aid Officer consultation required for all new program codes)</small>			
Should this program be available for applicants to select as their planned course of study on the online application? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <small>(If yes, students may select the code as their <u>only</u> program of study.)</small>			

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**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:	Banner Module	Yes	No	Ending Term (Semester-Year)
	Online Application	<input type="checkbox"/>	<input checked="" type="checkbox"/>	201310
	Recruitment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	201310
	Admissions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	201310
	General Student	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<del>999999</del> 201310 <i>EP</i>
	Academic History	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<del>999999</del> 201310 <i>LP</i>

**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.ifap.ed.gov/GainfulEmploymentInfo/index.html>)

For new certificates approved by the Chancellor, the related BOR authorized academic program is:

**3. NEW CAMPUS, COLLEGE, DIVISION, OR DEPARTMENT CODE** Banner forms: STVCAMP, STVCOLL, 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):

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<b>4. NEW COURSE SUBJECT CODE (Subject Alpha)</b>		Banner form: STVSUBJ
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>		Banner form: STVMAJR
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):  
 Certificate of Achievement was added in 2008 when FSHE/FSCA changed to CULN but code request was lost.

**SUPPORTING DOCUMENTATION**

Please see the Code Request Guide for the required supporting documents to be submitted. Documents submitted with this form:

- Board of Regents meeting minutes and supporting documents provided to the BOR
- Memo from UH President
- Memo from Chancellor
- Curriculum (required for requests for new programs/majors/minors/certificates)
- Gainful Employment Program notification to the US Department of Education
- Other: \_\_\_\_\_

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<b>CAMPUS VERIFICATION</b>		
Requestor Signature	<u>Kenneth P. P. P.</u>	Date <u>14 May 2012</u>
Registrar (If different from Requestor)		
Jeri Lorenzo	<u>[Signature]</u>	14 May 2012
Print name	Signature	Date
Email/memo in lieu of Registrar's signature may be attached		
Financial Aid Officer (Financial Aid Officer consultation required for all new program codes)		
Jennifer Bradley	<u>[Signature]</u>	14 May 2012
Print name	Signature	Date
Email/memo in lieu of Financial Aid Officer's signature may be attached		
For Community Colleges, verification of consultation with OVPC Academic Affairs:		
Suzette Robinson	<u>[Signature]</u>	
Print name	Signature	Date
Email/memo in lieu of signature may be attached		

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

Suzette

956-3763

After all required forms and supporting documents have been submitted, please allow Central.

by IRAO and Banner

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

0360-51

**KAPI'OLANI COMMUNITY COLLEGE**  
 University of Hawai'i  
**PROGRAM ACTION REQUEST (Form: 2/22/02)**  
*(Attach an Action Request Memorandum Stating the Justification for This Request;  
 Submit One Request for Each Proposal)*

1a Type of Program Action  
Modification

1b If modification of an existing program, what kind of modification?  
Modifying list of required courses in the curriculum

2. Program Type  
C.A.

3. Program Name and Program Description:

**Certificate of Achievement, Culinary Arts (44 Semester Credits)**

**Program Description:** The Certificate of Achievement, Culinary Arts, is a three-semester program of study. This program option is designed for students who are interested in gaining technical skills for skilled level positions in hotels, restaurants, and institutions. It provides students a solid foundation in concepts, skills, and techniques in cookery, it exposes them to the principles of menu planning, equipment use and maintenance, and station organization through mise-en-place. The strength of the Culinary Arts program is the reinforcement of theories learned in class in a hands-on laboratory setting in the College's restaurant, bistro, and cafeteria. Successful completion of the Certificate of Achievement program plus one and one-half years experience will qualify students to apply for certification through the American Culinary Federation.

4 Effective Term (semester/year). Spring 2011

5 Revise pages 331-332 in the 2003-2005 version of the KCC General Catalog

6. Is this program offered at another UH Campus?  
Yes

If YES, specify campus, and program name. If NO, why is this program offered at KCC

- Kaunoi CC - Certificate of Achievement - Culinary Arts
- Maui CC - Certificate of Achievement - Culinary Arts
- Hawaii CC - Certificate of Achievement - Food Service
- Leeward CC - Certificate of Achievement - Food Service

7 Justification (state the justification in the Action Request Memorandum attached to this form. If the proposal is to modify a program, describe the current program, describe the proposed modification to the program, then describe how the modified program will be different from the current program.)

Requested by: Ronald Takahashi Culinary Arts 3/13/05  
 (Name) (Department) (Date)

Approved by: [Signature] 1/14/05  
 (Department Chairperson) (Date of Department Vote)

Approved by: [Signature] 2/25/05  
 (Curriculum Chairperson) (Date)

Approved by: [Signature] 3/22/05  
 (Faculty Senate Chairperson) (Date)

Approved by: [Signature] 7/7/05  
 (Dean of Curriculum Management) (Date)

Approved by: [Signature] 5/4/05  
 (Chancellor) (Date)