

☐ New Program Code ☐ Modify 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: \_\_\_\_\_

If new major, please list the BOR's approved Classification of Instructional Programs (CIP) 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

IRAO USE ONLY: DATE RECEIVED

**ADDITIONAL COMMENTS** (for modifying existing program codes, specify the term to turn on/off the online application, the recruitment/admission term, and the general student/history/degree term.)

## ATTACHMENTS

**BOR Approved:** Sole-credential Certificates, Associate (excluding ATS), 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.*

**Registrar**  
(Print Name)

**Financial Aid Officer**  
(Print Name)

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

Della Teraoka

*Jerilynn Enokawa*

Signature

Date

*Jennifer Bradley*

Signature

Date

*Della Teraoka*

Signature

10/22/2021

Date