

**University of Hawai'i
 Code Request Form**

REQUESTOR CONTACT INFORMATION

Name: Leighton Oride
 Title: Admissions Officer & Registrar
 Phone Number: (808) 245-8226
 Email Address: loride@hawaii.edu
 Campus/Office/Department/Address: _____

Action Requested:
 NEW Program Code (new major/concentration, etc.)
 NEW Subject Code
 Change of existing code
 Type (subject, program, etc): _____
 Old: _____
 New: _____
 OTHER: _____

IF CODE REQUEST

Academic program code preferences for consideration:

NEW Program Code Effective Term (semester/year): Fall 2011
 Major: MT Major Description: Massage Therapy Is this major financial aid eligible? YES NO
 Is the major code being used the same way at other UH campuses? YES NO Comment: _____
 Does the same or similar major code exist in Banner? YES NO If YES, please list code: _____
 Does the same or similar concentration code exist in Banner? YES NO
 Attach concentration to program code? YES NO
 Concentration (if applicable): _____ Concentration Description: _____
 Is the concentration code being used the same way at other UH campuses? YES NO
 Does the same or similar concentration code exist in Banner? YES NO If YES, please list code: _____
 Level: Undergraduate Graduate First-Professional Other: _____
 Degree/Certificate: CO-MT
 College: IN - Instructional Department: Health Education

YES NO

If requesting a program name change, will current students be grandfathered in under the old program name?
 If requesting a program name change, will the old code be available for:

- Recruitment? YES NO List the end term of old code: _____
- Admissions? YES NO List the end term of old code: _____
- General Student? YES NO List the end term of old code: _____
- Academic History? YES NO List the end term of old code: _____

NEW Subject Alpha/Code Effective Term (semester/year): _____

Code: _____ Description: _____
 College: _____ Department: _____
 Does the same or similar subject code exist in Banner? YES NO If YES, please list code: _____
 Is the subject code being used the same way at other UH campuses? YES NO

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OTHER: _____

Please briefly describe your request and explain why you are requesting the codes: _____

FOR SUPPORTING DOCUMENTATION

Please attach the required supporting documentation. See *Guide to Academic Program Actions and Approval* at:

http://www.hawaii.edu/vpaa/cms/guide_to_acad_prog_121006.pdf

- BOR minutes from _____ (date) meeting with supporting documentation provided to BOR
- Memo from campus Chancellor
- Signed memo from UH President
- None required according to the Guide to Academic Program Actions and Approval

FOR CAMPUS VERIFICATION

The appropriate parties (faculty, administrators, registrar) have been consulted.

Leighton Oride

Name of Requestor (print or type)

Leighton Oride

Signature

2/8/11

Date

Send completed form with supporting documentation to:

Institutional Research Office (Attn: Lynn Inoshila or Christine Shaw) • 1633 Bachman Place • Sinclair Annex 2, Room 4 • Honolulu, HI 96822

Fax: 808-956-9870

Phone: 808-956-7532

For Internal Use Only	YES	NO
Appropriate Documentation Received	YES	NO
Appropriate Signatures	YES	NO
Field Code	YES	NO
Consent Code	YES	NO
Program Code	YES	NO
Subject Code	YES	NO
Entered into SIM/ARL/SO/SUAR	YES	NO
Entered into SIM/AR	YES	NO
Entered into SIM/SUE	YES	NO

Code processing completion date: _____
Copies sent to: _____

**Kaua'i Community College
University of Hawai'i
Program Action Request**

1. Type of Program Action: New Change Cancel

PROPOSED	
NURS 121	3
HPER 195	2
Total Credits	5 Credits
Non-Credit Instruction	
Massage Theory/Kinesiology	100
Different Modalities/Practicum	420
First Aid/CPR	5
Total Non-Credit Hours	525 Hours

2. Program Type:

- Associated in Applied Science Degree Associate in Science
 Certificate of Achievement Certificate of Completion
 Certificate of Competence:

3. Program Title: Massage Therapy

4. Program Description: The ⁵²⁵~~600~~-hour, two-semester integrated curriculum consists of credit and non-credit courses, which meet the requirements of the Hawai'i State Board of Massage. Modalities include energy therapy, chair massage, basic and advanced Namikoshi Shiatsu therapy, Swedish massage, sports massage, and Hawaiian Lomilomi. Other topics covered include ethics, anatomy, physiology, pathology, medical terminology, fundamentals of therapeutic massage, health and wellness, structural kinesiology, Hawai'i State law, rules and regulations governing massage, and business management.

Admissions Requirements:

"C" or higher in ENG 21

5. Proposed Date of First Offering: Fall 2011

6. Revise current KCC catalogue pages _____ Other: _____

7. Is this program offered at another UH campus? Yes No
If Yes, specify campus. If No, why is this program offered at KCC:

Kaua'i CC is offering this program in response to community needs/requests. Graduates will receive a Certificate of Competence instead of a Record of Training.

8. Reason for this Program Action:

To be able to offer students a Certificate of Competence at the completion of the program.

Proposed by:	<u>Charles Gw</u>	<u>12/17/10</u>
	Originator	Date
Requested by:	<u>Charles Gw</u>	<u>12/17/10</u>
	Department/Division Chairperson	Date
Approved by:	<u>Victoria Matthews</u>	<u>12-17-10</u>
	Curriculum Committee Chairperson	Date
	<u>James R. Die</u>	<u>12-17-10</u>
	Vice Chancellor for Academic Affairs	Date
	<u>Helen A. Cox</u>	<u>12-17-10</u>
	Chancellor	Date