

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

I: REQUESTOR CONTACT INFORMATION	
Name: <u>Kay Ono</u> Title: <u>Program Coordinator – Business Technology</u> Phone Number: <u>808-455-0223; 455-0344</u> Email Address: <u>kayono@hawaii.edu</u> Campus/Office/Department/Address: _____	Action Requested: <input checked="" type="checkbox"/> NEW Program Code (new major/concentration, etc.) <input type="checkbox"/> NEW Subject Code <input type="checkbox"/> Change of existing code Type (subject, program, etc): _____ Old: _____ New: _____ <input type="checkbox"/> OTHER: _____

II: CODE REQUEST	
Academic program code preferences for consideration:	
<input checked="" type="checkbox"/> NEW Program Code Effective Term (semester/year): <u>Fall 2009</u> Major: <u>BUSN</u> Major Description: <u>Business Technology</u> Is this major financial aid eligible? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Is the major code being used the same way at other UH campuses? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Comment: _____ Does the same or similar major code exist in Banner? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list code: <u>-BUSN</u>	
Concentration (if applicable): _____ Concentration Description: _____ Is the concentration code being used the same way at other UH campuses? <input type="checkbox"/> YES <input type="checkbox"/> NO Does the same or similar concentration code exist in Banner? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list code: _____ Attach concentration to program code? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Level: <input checked="" type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> First-Professional <input type="checkbox"/> Other: _____ Degree/Certificate: <u>Certificate of Completion – Health Information Technology (HIT)</u> College: <u>Leeward Community College</u> Department: <u>Business Division</u>	
If requesting a program name change, will current students be grandfathered in under the old program name? <u>N/A</u> <input type="checkbox"/> YES <input type="checkbox"/> NO If requesting a program name change, will the old code be available for:	
Recruitment? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ Admissions? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ General Student? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____ Academic History? <input type="checkbox"/> YES <input type="checkbox"/> NO List the end term of old code: _____	
<input type="checkbox"/> NEW Subject Alpha/Code <u>N/A</u> Effective Term (semester/year): _____ Code: _____ Description: _____ College: _____ Department: _____ Does the same or similar subject code exist in Banner? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please list code: _____ Is the subject code being used the same way at other UH campuses? <input type="checkbox"/> YES <input type="checkbox"/> NO	

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OTHER: New certificate: Certificate of Completion - Health Information Technology (HIT) for Leeward CC Business Division, Business Technology Program.

Please briefly describe your request and explain why you are requesting the codes: This certificate needs to be entered into Banner. Approval of this new certificate is documented in the Leeward CC Chancellor's memorandum dated September 4, 2009.

III. 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

IV. CAMPUS VERIFICATION

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

Kay Ono
Name of Requestor (print or type)


Signature

February 2, 2010
Date

Send completed form with supporting documentation to:

Institutional Research Office (Attn: Lynn Inoshita 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:

Appropriate Documentation Received: YES NO

Approval Status:

NOTES:

Major code: YES NO

Concentr. code: YES NO

Program code: YES NO

Subject code: YES NO

Entered into SMAPRLE/SOACURR: _____

Code processing completion date: _____

Entered into STVMAJR: _____

Copies sent to: _____

Entered into STVSUBJ: _____



UNIVERSITY of HAWAII
LEEWARD
COMMUNITY COLLEGE

September 4, 2009

MEMORANDUM

TO: Linda Johnsrud
Vice President for Academic Planning & Policy

VIA: Michael Pecsok *MPE*
Vice Chancellor for Academic Affairs

FROM: Manuel J. Cabral *Manuel Cabral*
Chancellor

SUBJECT: Curriculum Approval

I have approved the following certificates effective Fall 2009. The certificate approvals can be found at: <http://emedia.leeward.hawaii.edu/central/index.asp>.

New Certificates

- Certificate of Competence – Web Programming
- Certificate of Completion – Administrative Support
- Certificate of Completion – Health Information Technology
- Certificate of Completion – Management Essentials

Modified Certificates

- Academic Subject Certificate – Business Technology
- Academic Subject Certificate – Community Food Security
- Associate in Science – Business Technology
- Certificate of Achievement - Accounting
- Certificate of Achievement – Business Technology
- Certificate of Completion – Business Technology
- Certificate of Completion – Health Care Management

- c. Division Chairs
- James Goodman
- Michael Tagawa
- Nancy Buchanan
- Kathy Hill
- Candy Hochstein
- Ann Berner
- Sharyn Nakamoto