University of Hawai'i Code Request Form

Name: Ross Higa					Requested:				
Title: Program Coordinator - Management					NEW Program Co		najor/con	centration	, etc.)
Phone Number: 808-455-0618	_				NEW Subject Coo Change of existin Type (subject, pro	g code	•		
Email Address: <u>higaross@hawaii.edu</u>						giaili, etc)	·		
Campus/Office/Department/Address:					Old: New: OTHER:				
CODEREQUEST									
Academic program code preferences for consideration:							- A - A - A - A - A - A - A - A - A - A	***************************************	
v		Fall 20	009						
Major: MGT Major Description	erm (semester/year): Management				Is this major finan	cial aid elid	rible?	DAYES	
Is the major code being used the same way at o		W YES	□NO	Comme		ciai ala ciiş	31010:		
Does the same or similar major code exist in Ba	•	YES	□NO		please list code:	-MGT			
Concentration (if applicable):	Concentration Descr	iption:							
Is the concentration code being used the same			UYES	□NO			-		
Does the same or similar concentration code ex		OYES		If YES,	please list code:				
Attach concentration to program code?	'ES □NO								
Level: Undergraduate UGraduate UF Degree/Certificate: Certificate of Completi	irst-Professional on – Management Ess	□Other sentials	:	<u>.</u>			-		
College: Leeward Community College	Department:	Bus	– iness Div	vision			_		
If requesting a program name change, will curre If requesting a program name change, will the o		hered in u	nder the	old progr	am name? N/A	□YES	□NO		
Recruitment? DYES DN			ode:						
Admissions? DYES DN						_			
General Student? □YES □N									
Academic History?	IO List the end te	rm of old o	code:			- -			
•									
·	erm (semester/year):								
□ NEW Subject Alpha/Code N/A Effective T	Term (semester/year): Department:					_			
□ NEW Subject Alpha/Code N/A Effective T Code: Description:	Department:	YES		If YES,	please list code:				

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OTHER:		
Please briefly describe your request and explain	The certing the codes:	ficate needs to be entered into Banner.
II: SUPPORTING DOCUMENTATION Please attach the required supporting documents to accomplish the composition of the composition		Actions and Approval at:
☐ BOR minutes from		rting documentation provided to BOR
The appropriate parties (faculty, administrator		03/09/2010
Name of Requestor (print or type)	Signature	Date
Send completed form with supporting documenta Institutional Research Office (Attn: Lynn Inoshita of Fax: 808-956-9870 Phone: 8		nclair Annex 2, Room 4 ● Honolulu, HI 96822
or Internal Use Only. Appropriate Documentation Received: Approval Status: Vajor code:	Dyes Dno	ïN⊙TES:
Concentr. code: DYES DNO Program code: DYES DNO Subject code: DYES DNO		
Entered into SMAPRLE/SOACURR; Entered into STVMAJR; Entered into STVSUBU		Code:processing completion date: Copies sent to:



September 4, 2009

MEMORANDUM

TO: Linda Johnsrud

Vice President for Academic Planning & Policy

VIA: Michael Pecsok Mul

Vice Chancellor for Academic Affairs

FROM: Manuel J. 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.

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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
Kalhy Hill
Candy Hochstein
Ann Berner
Sharyn Nakamoto