UNIVERSITY OF HAWAI'I
CODE REQUEST FORM FOR ACADEMIC PROGRAM CODES

REQUESTOR CONTACT INFORMATION	
Date: February 15, 2012	Effective term of request (Semester-Year): 201210 *Fall 2011*
Name: Stuart Lau	Title: University Registrar
Campus: Manoa	Office/Department: Office of the Registrar
Phone: 956-8010	Email: stuartl@hawaii.edu

1. PROGRAM CODE, MAJOR CODE, CONCENTRATION CODE	Banner forms: SMAPRLE, SOACURR, STVMAJR

Institution: [▼]   College: Department:

☐ New program code   ☐ Change/replace existing program code:

Level: ☐ Undergraduate ☐ Graduate ☐ First-Professional ☐ Post-Baccalaureate ☐ Other:

Degree: BA	Certificate:

If requesting an existing Major code and/or Concentration code in Banner:

Existing Major: Code   Description   Existing Concentration: Code   Description

If requesting a new ☐ Major code or ☐ 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?

Is 50% or greater of the classes in this program offered at a location other than the Home Campus? ☐ Yes ☐ No
(Please consult your Financial Aid Officer on Program Participation Agreement impact)

Is this program/major/certificate financial aid eligible? ☐ Yes ☐ No (Financial Aid Officer consultation required for all new program codes)

Should this program be available for applicants to select as their planned course of study on the online application? ☐ Yes ☐ No
(If yes, students may select the code as their only program of study.)

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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	☐	☐	_____
Recruitment	☐	☐	_____
Admissions	☐	☐	_____
General Student	☐	☐	_____
Academic History	☐	☐	_____

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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4. NEW COURSE SUBJECT CODE (Subject Alpha)	Banner form: STVSUBJ
College:	Department:
Subject code [4 char/space limit]:	Subject description [30 char/space limit]:

5. NEW MINOR (Minor codes are listed on the Major code table)	Banner form: STVMAJR
Minor Code [4 char/space limit]: COMG	Minor Description [30 char/space limit]: Communicology

Please briefly describe your request and explain why you are requesting the code(s):

Communicology replaced Speech. Request to allow Minor was omitted at the time of original submission.

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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CAMPUS VERIFICATION

Requestor Signature _____ Date _____

Registrar (If different from Requestor)

_____	_____	_____
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)

_____	_____	_____
Print name	Signature	Date

Email/memo in lieu of Financial Aid Officer's signature may be attached

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

_____	_____	_____
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 Email: iro-mail@lists.hawaii.edu
  Sinclair Annex 2, Room 4 Fax: 808-956-9870
  Honolulu, HI 96822 Phone: 808-956-7532

After all required forms and supporting documents have been submitted, please allow at least two weeks for processing by IRAO and Banner Central.

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

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