University of Hawai‘i
Code Request Form

I. REQUESTOR CONTACT INFORMATION

Name: ___________________________ Date: __________________
Title: ____________________________
Phone Number: _______________________
Email Address: _______________________
Campus/Office/Department/Address: ____________________________

II. CODE REQUEST

Academic program code preferences for consideration:

- NEW Program Code
  - Effective Term (semester/year):
  - Major: ____________________________ Major Description: ____________________________ Is this major financial aid eligible?  
    - YES  
    - NO Comment: ____________________________
  - Is the major code being used the same way at other UH campuses?  
    - YES  
    - NO Does the same or similar major code exist in Banner?  
      - YES  
      - NO If YES, please list code: ____________________________
  - 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: ____________________________
  - Attach concentration to program code?  
    - YES  
    - NO
  - Level:  
    - Undergraduate
    - Graduate
    - First-Professional
    - Other: ____________________________
  - Degree/Certificate: ____________________________
  - College: ____________________________ Department: ____________________________

- NEW Subject Alpha/Code
  - Effective Term (semester/year):
  - Code: ____________________________ Description: ____________________________
  - 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:**

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

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**III. SUPPORTING DOCUMENTATION**


- ❑ 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
- ❑ Other: ____________________________

**IV. CAMPUS VERIFICATION**

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

<table>
<thead>
<tr>
<th>Name of Requestor (print or type)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

Send completed form with supporting documentation to:

Institutional Research Office • 1633 Bachman Place • Sinclair Annex 2, Room 4 • Honolulu, HI 96822
Fax: 808-956-9870 Phone: 808-956-7532

**For Internal Use Only:**

<table>
<thead>
<tr>
<th>Appropriate Documentation Received</th>
<th>❑ YES</th>
<th>❑ NO</th>
<th>NOTES:</th>
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<tbody>
<tr>
<td>Major code:</td>
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<td>Concentr. code:</td>
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<td>Program code:</td>
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<td>Subject code:</td>
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</table>

| Entered into SMAPRLE/SOACURR:      |        | Code processing completion date: |
| Entered into STVMAJR:              |        | Copies sent to: |
| Entered into STVSUBJ:              |        | |
| Other:                             |        | |

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