

University of Hawai'i Code Request Form

I. REQUESTOR CONTACT INFORMATION

Name: _____
 Title: _____
 Phone Number: _____
 Email Address: _____
 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: _____

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
 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: _____

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: _____

If requesting a program name change, will current students be grandfathered in under the old program name? YES NO

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: _____

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.

Name of Requestor (print or type)

Signature

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: _____