

New Program Code Modify Program Code

Date: _____

REQUESTOR CONTACT INFORMATION

Name _____ Campus _____
 Title _____ Email _____
 Office/Dept _____ Phone _____

NEW PROGRAM CODE TO CREATE

Institution _____ Campus _____
 Level _____ Effective Term _____

	Code (Max. Characters)	Description	Check if requesting new code:
College	(2) _____	_____	<input type="checkbox"/> See Banner form STVCOLL
Department	(4) _____	_____	<input type="checkbox"/> See Banner form STVDEPT
Degree/Certificate	(6) _____	_____	<input type="checkbox"/> See Banner form STVDEGC
Major	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR
Concentration	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR
Minor	(4) _____	_____	<input type="checkbox"/> See Banner form STVMAJR

If a similar major/concentration code exists in Banner, please list the code: _____

Justification to warrant a new major/concentration code similar to an existing major/concentration code: _____

Is this major/concentration code being used the same way at the other UH campuses? Yes No

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

RULES PERTAINING TO FINANCIAL AID AND 150% DIRECT SUBSIDIZED LOAN LIMIT LEGISLATION

Is 50% or greater of the classes in this program offered at a location other than the Home Campus? Yes No

Is this program/major/certificate financial aid eligible? Yes No

Does this certificate qualify as a Gainful Employment Program (Title IV-eligible certificate program)? Yes No

See <http://www.ifap.ed.gov/GainfulEmploymentInfo/index.html>

Program Length

In academic years; decimals are acceptable. The length of the program should match what is published by the campus in any online and/or written publication.

Special Program Designations A B N P T U

See *Special Program Designations Code Definitions on IRAO Program Code Request webpage*

Required Terms of Enrollment: Fall Spring Summer Extended

IRAO USE ONLY: DATE RECEIVED

ADDITIONAL COMMENTS

ATTACHMENTS

BOR Approved: Sole-credential Certificates, Associate (excluding ATS), Bachelor and Graduate Degrees, and sole credential certificates

- BOR Meeting Minutes & Supporting Documents Curriculum

Chancellor Approved: Concentrations, Certificates and Associate in Technical Studies (ATS) Degree

- Memo from Chancellor to notify Vice President for Academic Planning and Policy regarding program action.
 Curriculum

CERTIFICATES ONLY: Please check one (1) statement. This certificate is a...

- BOR approved certificate. BOR Meeting/Approval Date: _____
 Chancellor approved within an authorized BOR program. BOR Program: _____
 Chancellor approved CO in accordance with UHCCP 5.203, Section IV.B.10.

VERIFICATIONS

By signing below, I verify that I have reviewed and confirm the above information that is pertinent to my position.

Registrar
(Print Name)

Financial Aid Officer
(Print Name)

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

Suzette Robinson

Signature

Date

Signature

Date

Signature

Date