New Academic Program Submission
REGISTRAR’S OFFICE
University of Cincinnati
PO Box 210060, Cincinnati, OH 45221-0060
E-mail: registrar.info@uc.edu

This form must be completed when a new academic program, plan, sub-plan, or minor is created. The form is required to clearly define the characteristics of the program. This program and its code will become part of UC’s official list of programs. It will be used to identify students in the program and may appear on the student’s transcript at the time of certification. Additionally, it may be reported as a unique program code to the Ohio Department of Higher Education (ODHE) and so would be reported every term to ODHE along with each student’s enrollment record. Review by the appropriate College Dean and the Provost’s Office is required prior to student information system (Catalyst) code assignment. A copy of the new program’s curriculum, and ODHE approval (if appropriate), must be attached.

College: ______________________________________________________

Academic Program Award (e.g., Bachelor of Arts): ______________________________

Academic Program Plan (e.g., History): ________________________________________

Suggested code (e.g., plan-award: HIST-BA): _______________________________

Academic Program Sub-Plan, if applicable (e.g., American History): _______________

Suggested code (e.g., plan-subplan: HIST-AH): ____________________________

Should this program be set up for distance learning delivery? ___Yes ___No

Distance learning programs will automatically be assigned a sub-plan code (e.g., *plan-DL:*HIST-DL).

Minimum number of credit hours required for the Academic Program: ______

Length of the Academic Program (in years): ______

Credit level of the Academic Program: _____Undergraduate       _____Graduate       _____Professional

Begin Term: _____________________________

Certificate programs only: Should the program be submitted to the Department of Education to determine if it is eligible for federal financial aid? ___Yes ___No

(If yes, additional information will be sent to you by the Student Financial Aid Office.)

Requests for special fee consideration must be submitted separately to the Office of Budget and Financial Services.

Comments: __________________________________________________________________

__________________________________________________________________________

Submitted by: _____________________________ Date: ____________

Email: ___________________________________________ Phone: ____________

Approval — College Dean: __________________________ Date: ____________

Approval — Graduate School: ________________________ Date: ____________

Approval — Provost’s Office: _________________________ Date: ____________

Department of Enrollment Management / Office of the Senior Vice President and Provost  REV 3/27/2017