

## NEW HUB PLAN CODE REQUEST FORM

Date of request: \_\_\_\_\_

Entity Number: \_\_\_\_\_

Plan Description:\* (limit of 30 characters) \_\_\_\_\_

Degree: \_\_\_\_\_ Degree Code: \_\_\_\_\_

SED Degree Title Name: \_\_\_\_\_

SED Program Code: \_\_\_\_\_

Term Required: \_\_\_\_\_

Tuition Group: UGRD GRAD DENT DNP LAW MARCH MBA MED PHARM PT SOCWRK

Program Length Type:  Months  Weeks  Years

Program Length: \_\_\_\_\_

Online program:  Yes  No

If yes, is online program:  Full  Partial

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Requested By:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Dept: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Unit CFO Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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Please return completed form to Laura Szeffel at [lszefel@buffalo.edu](mailto:lszefel@buffalo.edu)

Office of Institutional Analysis

\* Degree (i.e. MS) needs to be included at the end of the description