



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: _____

Notification to be sent to:

Name: _____ Title: _____

Dept: _____ Phone No.: _____

Email Address: _____

Unit UBO Approval: _____ Date: _____

Please return completed form to Laura Szeffel at lszefel@buffalo.edu

Office of Institutional Analysis

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