## **New Sub Plan Request Form**

Please complete this form and e-mail it to <u>ivargas@miami.edu</u>. If you have questions or need assistance, please call 8-1705.

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	⊖ Graduate
	⊖ Law
	◯ Medical
	○ Non-Credit
Department	
School	
Effective Term	

## **Sub Plan Information**

Sub Plan Name	
Print on Transcript?	<ul><li>○ Yes</li><li>○ No</li></ul>

Sub Plan Type

**CIP Code** 

Career

Sub plans are linked to a parent plan. Please provide the parent plan code. If the parent plan is new, be sure to submit a New Plan Code request form. A subplan cannot be created without a parent plan.

Parent Plan Code		
Where is the sub plan offered?	<ul> <li>On Campus</li> <li>Off Campus</li> <li>Online</li> </ul>	If there is more than one location, please provide the % of instruction at each location.
Sub plan Length in years.		Sub plan length cannot be a range.

## Please sign off on the following statements:

I have approval from the Faculty Senate for this sub plan.

I have approval from the Graduate School for this sub plan (New Graduate plans only)

I have notified the Office of Assessment and Accreditation regarding SACS approval.

## **Admin Section**

New Sub Plan Code	
Date Added to Canelink	