PROGRAM: _____

REQUEST FOR ESTABLISHMENT OF

UNIVERSITY PROGRAM CODE

SECTION I: General Information

1.   Date _____

2.   Person Making Request _____

SECTION II: Account Information

1.   Describe why this account is needed

_____

_____

_____

_____

2.   Suggested Account Title : _____

     (Note: Cannot Exceed 25 Characters)

3.   Signature of Requestor_____

SECTION III: Approval

	Action	Signatures
Budget Officer	_____	_____
Assoc. Controller	_____	_____
Finance Systems Manager	_____	_____

SECTION IV: Accounting System Information

- For Finance Office Only -

FTM PROG_____

PROGRAM TABLE SCREEN

_____

EFFECTIVE TERMINATION   ---------- PROGRAM STRUCTURE-----------

DATE	DATE	LEVEL -1	LEVEL -2	LEVEL -3	LEVEL -4	LEVEL -5
o_____	o_____	o_____	o_____	o_____	o_____	o_____

CARDINAL CODE _____

DATA CONTROL:

Date Established _____

Dept. Notified _____

Keyed: _____

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