

## NEW HUB SUB-PLAN CODE REQUEST FORM

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

Existing Academic Plan Code: \_\_\_\_\_

Sub-Plan Description: \_\_\_\_\_

Sub-Plan is a:

Concentration\*       Track

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

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

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

Notification to be sent to:

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

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

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

Unit UBO 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

\* If sub-plan is a concentration please include the approval letter from the State Education Department