Activity Code Request

Contact Information

Name
Email
Phone
Fax

Department Code
(5 digit)
Department Name

Activity Code
Activity Code
Activity Code
Activity Code
Activity Code
Activity Code

Title
Title
Title
Title
Title
Title

Purpose of Activity
Code (s)

Effective Date (MM/DD/YYYY)
Termination Date (Optional)

Please complete and send as an attachment to email address control@nd.edu

AFS Only

Activity Code (s)

Created by: