

**Activity Code Request****Contact Information**Name  
EmailPhone  
FaxDepartment Code  
(5 digit)

Department Name

Activity Code  
Activity Code  
Activity Code  
Activity Code  
Activity CodeTitle  
Title  
Title  
Title  
TitlePurpose 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](mailto:control@nd.edu)

AFS Only

Activity Code (s)

Created by: