

**Activity Code Request****Contact Information**

Name

Phone

Email

Fax

Department Code (5 digit)

Department Name

Activity Code

Title

Activity Code

Title

Activity Code

Title

Activity Code

Title

Activity Code

Title

**Purpose of Activity Codes**

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: