

# Academic Review Committee Request Form: New Program

ARC Use Only:
ARC #:
Program ID:
Status:
(A=Approved, I=Information item, R=Returned)
Date rec'vd by ARC:

All ARC program proposals must be submitted electronically. Please work with your unit ARC representative to be sure your proposal is complete. After your proposal has received the required approvals, e-mail this completed form along with all supporting materials to ARC@ramapo.edu. Please use digital signatures for approvals.

### **SECTION A: Program Information**

Program Title:

Originator(s) of the Proposal:

Proposal Date: \_\_\_\_\_

School(s): \_\_\_\_\_ Convening Group(s): \_\_\_\_\_

Please attach a description of the proposed program, and all supporting documentation

including the Provost's pre-approval of the program feasibility.

## **SECTION B: Approvals**

### **Reviewed and Approved by:**

Title	Type Name	Signature	Date
Convener (if a convening group exists)			
Graduate Council Chair			
Dean			
Other			

### **ARC Disposition:**

Information item only - no ARC approval necessary

ARC recommends approval by the Faculty Assembly

ARC does NOT recommend approval by the Faculty Assembly

Office of the Provost Use Only:

Approved Not Approved Provost Signature \_\_\_\_\_ Date:\_\_\_\_\_