Proposals must be received by **OCTOBER 15th 2014** for the 2015-2016 academic year (Summer/Fall 2015, Winter/Spring 2016). Please submit the SIGNED ORIGINAL of the full package, which includes this request form, the course syllabus, checklist, and supporting documents, and an electronic copy of the syllabus, to your ARC representative. Also include one printout of the current program requirements showing how the course fits in the program.

**SECTION A**

Faculty Name: ______________________________ Email: __________________@ramapo.edu

School: _______ Convening Group: ____________________________ Date:______________

Anticipated first semester (Summer 2015 or later): ____________

☐ New Course Proposal
☐ Resubmission of first time pilot for full approval: Current Course ID ______

**SECTION B - NEW COURSE**

1a. Course Discipline: _______ If cross-listed: secondary Course Discipline: _______

2. Course Level: _______ Course Credits: ☐ 4  ☐ Other __ (Attach rationale)

3. Full Course Title: ________________________________________________________

4. 30 Character Title: ________________________________

5. Specific requirements this course will fulfill (for Degree Evaluation):
   - ☐ School Core: _______ Subcategory: __________ Type¹: _______
   - ☐ Writing Intensive *(Chair of Writing Across the Curriculum (WAC) Committee signature required)*
   - ☐ Study Abroad *(Chair of Study Abroad Committee signature required)*
   - ☐ Major/Concentration: _______ Subcategory: _______ Type¹: _______
   - ☐ Minor: _______ Subcategory: _______ Type: _______
   - ☐ Other: _______

6. Are there any FEES for this course?  ☐ No  ☐ Yes (please specify type / amount²)

7. Prerequisite course(s): Please specify “and”, “or”: ____________________________

8. Restrictions:³ ____________________________

9. Co-requisites, if any: ____________________________

10. Primary Instructor: ____________________________

11. Is this new course now *replacing* an existing course (that is, a course that will now be removed from the Course Catalog)?  ☐ Yes  ☐ No  If yes:
   a. Existing Course I.D.: _______ Course Title: ____________________________
   b. Effective end date of the existing course being replaced (term/year): ____________
   c. Is the existing course a prerequisite for another course(s)? If so, please specify: _______

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¹ Required in this category? Or fulfills a distribution requirement?
² e.g., lab fee, studio fee, liability insurance fee, etc.; contact Bursar for additional information
³ e.g. “junior standing”, “instructor permission”, “ASB students only”
## SECTION C - REVIEW AND APPROVAL (include all that apply)

<table>
<thead>
<tr>
<th>Title</th>
<th>Print name</th>
<th>Sign</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>Convener</td>
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<tr>
<td>Graduate Program Director</td>
<td></td>
<td></td>
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<tr>
<td>School Curriculum Committee chair</td>
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<tr>
<td>Graduate Directors’ Committee chair</td>
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<tr>
<td>WAC committee chair</td>
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<td>Study Abroad committee chair</td>
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<td>Dean</td>
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<tr>
<td>VPCA (for INTD, EXSS, COND &amp; CIPL courses)</td>
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If course fulfills requirements in more than one program, additional signatures are required:

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<thead>
<tr>
<th>Convener #2</th>
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<td>Dean #2</td>
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<td>Dean #3</td>
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</tbody>
</table>

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**ARC Use Only:**

ARC disposition:

- [ ] This course request has been reviewed and approved as a “First Time” Pilot course.
- [ ] This course request has been reviewed, approved and forwarded to the Office of the Provost for final course approval.
- [ ] This course request has not been approved and is returned to you for the following reason(s):

___________________________________________________________________

ARC Chair: ___________________ Date: __________

print & sign

---

**Office of the Provost Use Only:**

Approved: ____  Not Approved: ____  Cost Center Code (if other than convening group): ________

Provost Signature: ___________________________ Date: __________