



Academic Review Committee
Request for New Course / Course Revision

Proposals must be received by OCTOBER 15th 2021 for the 2022-2023 academic year (Fall 2022, Winter/Spring/Summer 2023). Please work with your ARC representative to be sure that your syllabus is complete. After your proposal has been approved by the relevant convening group(s) and dean(s), e-mail this signed form along with the new or revised syllabus and any supporting documents for General Education (GE) consideration to ARC@ramapo.edu.

FACULTY NAME SCHOOL DATE

FACULTY EMAIL CONVENING GROUP ANTICIPATED FIRST SEMESTER

Is this course designed to be part of the new General Education Program? YES NO If YES, state the category

NEW COURSE

COURSE REVISION

Form for NEW COURSE with fields: COURSE DISCIPLINE, LEVEL, # CREDITS, FULL COURSE TITLE, 30 CHARACTER TITLE, CROSS LISTED DISCIPLINE, PREREQUISITE COURSE(S), CO-REQUISITE COURSE(S), RESTRICTIONS, COURSE FEE, and requirements checklist.

Form for COURSE REVISION with fields: CURRENT COURSE, TITLE CHANGE, NEW 30 CHARACTER TITLE, DISCIPLINE CHANGE, LEVEL CHANGE, NUMBER CHANGE, #CREDITS CHANGE, COURSE DESCRIPTION CHANGE, MAJOR COURSE CONTENT CHANGE, CROSS LISTED DISCIPLINE CHANGE, PREREQUISITE CHANGE, CO-REQUISITE CHANGE, RESTRICTIONS CHANGE, COURSE FEE CHANGE, and requirements checklist.

REVIEW AND APPROVAL (Include all that apply)

| TITLE | TYPE NAME | SIGNATURE | DATE |
|---------------------------------------|-----------|-----------|------|
| Convener | | | |
| Graduate Program Director | | | |
| GECCo Chair | | | |
| WAC Committee Chair | | | |
| Graduate Council Chair | | | |
| International Program Committee Chair | | | |
| Dean | | | |
| | | | |

If course fulfills requirements in more than one program, additional signatures are required:

| | | | |
|--------------|--|--|--|
| Convener # 2 | | | |
| Convener # 3 | | | |
| Dean # 2 | | | |
| Dean # 3 | | | |

ARC Disposition

_____ 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 Signature _____ Date _____

Office of the Provost Use Only: Approved _____ Not Approved _____

Provost Signature _____ Date _____