



Academic Review Committee
Request for New Course / Course Revision

Proposals must be received by OCTOBER 15th 2022 for the 2023-2024 academic year (Fall 2023, Winter/Spring/Summer 2024). 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

COURSE DISCIPLINE LEVEL # CREDITS
FULL COURSE TITLE
30 CHARACTER TITLE
CROSS LISTED DISCIPLINE (if any)
PREREQUISITE COURSE(S) (if any; please specify "and," "or")
CO-REQUISITE COURSE(S) (if any)
RESTRICTIONS (if any)
COURSE FEE (if any; please specify amount/purpose; course fees require BOT approval)

CURRENT COURSE
TITLE CHANGE? TO
NEW 30 CHARACTER TITLE
DISCIPLINE CHANGE? FROM TO
LEVEL CHANGE? FROM TO
NUMBER CHANGE? REQUESTED NEW NUMBER
#CREDITS CHANGE? FROM TO
COURSE DESCRIPTION CHANGE? If so, attach both old and new descriptions
MAJOR COURSE CONTENT CHANGE? If so, attach a description of change
CROSS LISTED DISCIPLINE CHANGE? ADD DROP
PREREQUISITE CHANGE? ADD DROP
CO-REQUISITE CHANGE? ADD DROP
RESTRICTIONS CHANGE? ADD DROP
COURSE FEE CHANGE? (If so, specify new amount/purpose; new or increased fees require BOT approval)

Indicate requirements this course will fulfill (for Degree Evaluation & Catalog)
If yes, please specify on the line provided, including any category or concentration
Major? Yes No
Minor? Yes No
School Core? Yes No
Writing Intensive? Yes No (If yes, WAC chair signature required)
General Education? Yes No (If yes, GECCo chair signature required)
Study Abroad? Yes No (If yes, IPC chair signature required)
Graduate Program? Yes No
Other? Yes No

Indicate any changes to requirements this course will fulfill (for Degree Evaluation & Catalog) If yes, please specify on the line provided, including any category or concentration
Major? Yes No
Minor? Yes No
School Core? Yes No
Writing Intensive? Yes No (If being added to WI, WAC chair signature required)
General Education? Yes No (If being added to GE, GECCo chair signature required)
Study Abroad? Yes No (If yes, IPC chair signature required)
Graduate Program? Yes No
Other? Yes No

**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 \_\_\_\_\_