



**Academic Review Committee
Request Form: Program Revision**

ARC Use Only:
 ARC #: _____
 Program ID: _____
 Status: _____
(A=Approved, I=Info item only, 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.

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SECTION A: Program Information

Program Title¹: _____

School(s): _____ Convening Group(s): _____

Proposal Date: _____ Effective Date: Fall 2023² Fall 2024

Please attach a description of the proposed changes and all supporting documentation.

SECTION B: Approvals

Reviewed and Approved by:

Title	Type Name	Signature	Date
Convener			
Graduate Council Chair			
Dean			
Other			

ARC Disposition:

- Information item only - no ARC approval necessary
- Faculty Assembly approval not needed; ARC approves
- Faculty Assembly approval not needed; ARC does not approve
- ARC recommends approval by the Faculty Assembly
- ARC does NOT recommend approval by the Faculty Assembly

ARC Chair: _____ Date: _____

ARC recommends the following:

Office of the Provost Use Only:

Approved Not Approved Provost Signature _____ Date: _____

¹ If the request is to change the program title, enter the *current* title here

² Proposal must be received by ARC by November 1st 2022