![RAMAPO COLLEGE OF NEW JERSEY logo]

Academic Review Committee
Request Form: New Program

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: _____ **Healthcare Administration** _____

Originator(s) of the Proposal: _Julia Fitzgerald_   _Julia Fitzgerald_

Proposal Date: __10__ / __16__ / __2023__   *Business*

School(s): _TAS_ _____ Convening Group(s): _NURSING Interdisciplinary_

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)	**Kathleen Burke**	*KBurke*	10/12/2023
Graduate Council Chair	~~Scott Frees~~		
Dean	**Edward Saiff**	*ELSaiff*	10/12/23
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

ARC Chair: _[signature]_ _____ Date: 11/29/23 _____

_____
Signature

ARC recommends the following:

_____

Office of the Provost Use Only:

◯ Approved ◯ Not Approved Provost Signature _____ Date: _____

_____