

Academic Review Committee Request Form: New Program

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

SECTION A: Progra Program Title: Mast				
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Proposal Date: _10/31/				
		Convening Group(s):N		
•	, , ,	program, and all supporting a	locumentation	
ncluding the Provost's	s pre-approval of the	program feasibility.		
SECTION B: Approv	als			
Reviewed and Appro	ved by:			
Γitle	Type Name	Signature	Date	
Convener (if a convening	Type Nume	Signiture	2 4.0	
group exists) Graduate Council Chair				
Dean				
Other				
ARC recommends	only - no ARC approv approval by the Fact ecommend approval b			
ARC Chair:			Date:	
Signati	ure			
ARC recommends the	following:			
Office of the Provost U	Jse Only:			
	roved Provost Signature		Date:	