



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

*ARC Use Only:*  
 ARC #: \_\_\_\_\_  
 Program ID: \_\_\_\_\_  
 Status: 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: Program Information**

Program Title: Supervisor Certificate in Teacher Ed

Originator(s) of the Proposal: \_\_\_\_\_

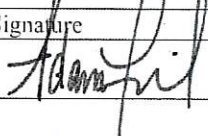

Proposal Date: 12/19/23 SSHS TE

School(s): \_\_\_\_\_ Convening Group(s): \_\_\_\_\_

*Please attach a description of the proposed program, and all supporting documentation including the Provost's pre-approval of the program feasibility.*

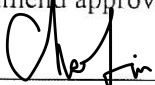
**SECTION B: Approvals**

**Reviewed and Approved by:**

Title	Type Name	Signature	Date
Convener (if a convening group exists)	Adam Fried <sup>Text</sup>		12.19.23
Graduate Council Chair			
Dean	Aaron Lorenz		12/19/23
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:  Date: 02/13/2024  
Signature

ARC recommends the following:

**Office of the Provost Use Only:**

Approved  Not Approved Provost Signature \_\_\_\_\_ Date: \_\_\_\_\_