## **Program Approval Transmittal Form**

Program Name:	Proposed Start Date:	
Program Initiator:	School/College of Record:	
Major:	Residency Credits:	
Minor:	Total Credit Hours:	
Concentration:	Total Credit Hours offered at Pace:	
Other Concentration(s):		
Certificate:	Total Credit Hours offered off-site:	
Undergraduate Degree:	Location: Campus: PLV NYC MT	WP
Graduate Degree:		
Law Degree:		
Date Approved with the State:		
Entry Terms:FallSpring(Specify first entry term as well as possible entry	Summer I Summer II Other:	
Admission Criteria Applied: Undergrad	uate 🗌 Graduate	
Non-Matriculated Students Allowed: Yes	es 🗌 No	
Other Notes/Restrictions/Special Instruction	s:	
List any courses offered in other departments th	nat have been added or removed to/from your program	
Department Course Number	Course Name Addition or Deletion? Department Chair(s) Notif	ïed
Associate Dean:	Date:	

Have department chair(s) in other departments been notified about additions/deletions of courses offered in their departments?

Yes No

Internal School/College review completed:

Yes **Dean's Signature & Date:** 

## Deans' Council approvals to proceed (Signature & Date):

Dean's Signature: Dean's Signature: (Dyson College of Arts and Sciences) (School of Education) Dean's Signature: Dean's Signature: (Lubin School of Business) (Seidenberg School of CSIS) Dean's Signature: Dean's Signature: (Elizabeth Haub School of Law) (College of Health Professions) **Faculty Council Curriculum Committee:** New York **Date Approved: Date Approved:** Pleasantville **Faculty Council: Date Approved: New York Date Approved:** Pleasantville **Associate Provost for Academic Affairs Signature:** 

Assistant Director, Academic Operations Signature:

CC: Vice President for Enrollment Management

Executive Vice President for Finance and Administration Director of Academic Scheduling