

# 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: \_\_\_\_\_

Location: \_\_\_\_\_

Undergraduate Degree: \_\_\_\_\_ Campus: PLV NYC MT

WP

Graduate Degree: \_\_\_\_\_  Other: \_\_\_\_\_

Law Degree: \_\_\_\_\_ Division 4: \_\_\_\_\_

Date Approved with the State: \_\_\_\_\_ HEGIS Code: \_\_\_\_\_

Entry Terms: Fall Spring Summer I Summer II Other: \_\_\_\_\_

(Specify first entry term as well as possible entry terms)

Admission Criteria Applied: Undergraduate  Graduate

Non-Matriculated Students Allowed: Yes  No

Other Notes/Restrictions/Special Instructions: \_\_\_\_\_

List any courses offered in other departments that have been added or removed to/from your program

Department	Course Number	Course Name	Addition or Deletion?	Department Chair(s) Notified
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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:** \_\_\_\_\_  
(Dyson College of Arts and Sciences)

**Dean's Signature:** \_\_\_\_\_  
(School of Education)

**Dean's Signature:** \_\_\_\_\_  
(Lubin School of Business)

**Dean's Signature:** \_\_\_\_\_  
(Seidenberg School of CSIS)

**Dean's Signature:** \_\_\_\_\_  
(College of Health Professions)

**Dean's Signature:** \_\_\_\_\_  
(Elizabeth Haub School of Law)

**Faculty Council Curriculum Committee:**

**New York**

**Date Approved:**

**Pleasantville**

**Date Approved:**

**Faculty Council:**

**New York**

**Date Approved:**

**Pleasantville**

**Date Approved:**

**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