

**[Form Approved by Senate on 04/12/10]
New Jersey City University**

REQUEST FOR ACADEMIC PROGRAM APPROVAL

Program Title: _____

Type of Program: Graduate: _____ Undergraduate major: _____
Certificate: _____ Undergraduate minor: _____
Interdisciplinary: _____

Total Credit/Semester Hours: _____

Requirements for Admission: _____

Department(s)/Academic Unit(s) of Origin: _____

**1. Proposer (Faculty Member(s)/
Officer Initiating Program):** _____

APPROVAL RECOMMENDED: SIGN IN SEQUENCE (Collaborating Departments/Units Use Right-Hand Column)

2. Chair, Department Curriculum Committee Date