Request Form to Add/Modify/Remove an Academic Department



[PROPOSING CLU(S)]

[PROPOSING SCHOOL(S)]

[PROPOSING DEPARTMENT(S)]

[DATE]

The evolution of academic programs at Rutgers is critical to the university and the needs of students, faculty, and the citizens of the State of New Jersey.  The Office of University Academic Affairs supports this through a university-wide *Academic Program Approval Process* ensuring appropriate input, accountability, and decision-making at multiple levels to promote:

* Academic excellence;
* Optimal impact on the Rutgers’ community and broader statewide citizenry;
* Alignment with strategic academic priorities;
* Commitment to educational access, diversity, equity, and inclusion; and
* Effective and strategic use of university resources.

**Request Form to**

**Add/Modify/Remove an Academic Department**

During the initial stages of a request to establish, modify, or remove an academic department, the chancellor or their designee must complete an institutional [Notice of Intent (NOI)](https://oirap.rutgers.edu/NOI-ProgramChanges/login.aspx) once preliminary approval has been granted for the proposed change to move forward.

Establishing, modifying, or removing an academic department requires initial approval from the requesting academic unit’s Faculty, Department Chair, Dean, and Chancellor. Following these approvals, requests to establish, modify, or remove an academic department must be reviewed by the Office of Academic Planning and approved by the Executive Vice President for Academic Affairs (EVPAA). Following EVPAA approval, these requests are submitted by the Office of University Academic Affairs as action items to the Board of Governors (including the Committee on Academic and Student Affairs).

Units making this request should provide complete responses to the items in **bold text** below and submit the information to the Office of Academic Planning (academicplanning@oq.rutgers.edu). Please enter “N/A” for items that do not apply to your request. Proposing units should delete the blue text upon entering responses. If the intent is to only change the name of the department, please follow instructions to “change name of department or unit” on the [Academic Program and Organizational Approvals webpage](https://academicaffairs.rutgers.edu/academic-program-organizational-approvals). Please contact the Office of Academic Planning if you have any questions.

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| **Chancellor-Led Unit (CLU)**  | Enter the name of the sponsoring CLU(s) – Camden, Newark, New Brunswick, and/or Rutgers Biomedical and Health Sciences. |
| **School/College** | Enter the name of the sponsoring school(s) or college(s). |
| **Department** | Enter the name of the sponsoring department(s), if applicable. |
| **Proposed Effective Term of Change** (e.g., Fall, 2025) | Enter the proposed semester and year in which the proposed change will become effective. |
| **Primary Contact (Name)** | Enter the name of the primary contact in the proposing unit responsible for coordinating requested change. |
| **Primary Contact (E-mail)** | Enter the e-mail address of the primary contact in the proposing unit responsible for coordinating requested change. |
| **Primary Contact (Telephone)** | Enter the telephone number of the primary contact in the proposing unit responsible for coordinating requested change. |
| **Date of Submission** | Enter the date you are submitting this request. |

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| **If this is a modification to, or removal of, an existing department, please describe the proposed change.**(If the intent is to only change the name of the department, please follow instructions to “change the name of a department or unit” on the [Academic Program and Organizational Approvals webpage](https://academicaffairs.rutgers.edu/academic-program-organizational-approvals).) |
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| **How long has the current departmental structure been in place?**  |
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| **Please indicate the rationale for the modification/removal of the existing department(s) or the establishment of the new department and the purpose.** |
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| **If this is the establishment of a new department, please indicate if there is a similar department in existence at Rutgers including the name and chancellor-led unit (CLU).** |
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| **Explain the impact the modification/removal of a department, or creation of a new department, will have on other departments both within the home CLU and other CLUs.** |
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| **Explain the impact (if any) the modification/removal of a department, or creation of a new department, will have on resources.** |
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| **Explain the impact (if any) the modification/removal of a department, or creation of a new department, will have on current students.** |
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| **Indicate current terminology in disciplinary fields and practice at peer institutions.** |
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| **Discuss related curricular revisions or program changes, if any, and relevant plans.** |
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| **Provide a description of faculty and staff resources, with documentation concerning the commitment of needed funds.** |
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| **Are adequate financial and structural (e.g., space issues, etc.) resources in place? Will the proposed budget for administrative costs be available, and might that include a budget for other financial aspects of the department?** |
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| **Have the necessary faculty approvals (including any faculty workload considerations) been obtained?** |
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| **Responses to comments from CLUs.**As noted above, during the initial stages of this request, the chancellor or their designee must complete a Notice of Intent (NOI). Upon submission, the NOI initiated a 30-day comment period during which chancellors’ offices may submit comments/feedback to the requesting unit. The requesting unit should attach any comments received from CLUs as well as responses to those comments. If no comments were received, please enter “N/A.” |
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**Signatures of Approval Date**

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Department Chair

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dean

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Chancellor or Provost

There may be cases where mitigating circumstances require additional or alternate approvals. For questions, contact academicplanning@oq.rutgers.edu.

**For Office Use Only:**

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| **Review by the Office of University Academic Affairs:** |
| Review Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Approval/acceptance by EVPAA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BOG submission/approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_OSHE notification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |