PROPOSAL FOR A *[M]*

Proposal for a [*insert title of proposed certificate program*]



[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 Create a**

**Stand-Alone Certificate Program**

Stand-alone certificates are certificates that may be earned and awarded outside of a degree program.

During the initial stages of certificate program development, the chancellor or their designee must complete an institutional [Notice of Intent (NOI)](https://oirap.rutgers.edu/NOI-NewProgram/login.aspx) once preliminary approval has been granted for the proposed certificate program to move forward.

A stand-alone certificate program proposal requires initial approval from the requesting academic unit’s Faculty, Department Chair, Dean, and Chancellor or Provost. Following these approvals, new stand-alone certificates proposals must be reviewed by the Office of Academic Planning and approved by the Executive Vice President for Academic Affairs (EVPAA). Proposed stand-alone certificates are submitted as information items to the Board of Governors (including the Committee on Academic and Student Affairs).

Early in the process for a proposed stand-alone certificate the individual preparing the proposal should contact Jean Rash (Associate Vice President for Enrollment Management), for a pre-review to receive notification and guidance concerning current federal Gainful Employment requirements.

Units seeking to establish a new stand-alone certificate 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). Proposing units should delete the blue text upon entering responses.

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. |
| **Title of Proposed Certificate** | Enter the exact title of the proposed certificate program. This is significant to ensure the names of programs are accurate and consistent as the proposals move through the approval process, as well as once they are approved and included in university systems and listed in the state inventory of program offerings.  |
| **Proposed CIP Code (Number)1** | Enter the proposed six-digit CIP Code for the proposed certificate program. |
| **Proposed CIP Code (Name)** | Enter the name of the proposed six-digit CIP Code for the proposed certificate program. |
| **Total Credit Hours** | Enter the total credit hours required for completion of the proposed certificate program. |
| **Proposed Initiation Date** | Enter the proposed semester and year in which the program intends to first enroll students. |
| **Primary Contact (Name)** | Enter the name of the primary contact in the proposing unit responsible for coordinating program development. |
| **Primary Contact (E-mail)** | Enter the e-mail address of the primary contact in the proposing unit responsible for coordinating program development. |
| **Primary Contact (Telephone)** | Enter the telephone number of the primary contact in the proposing unit responsible for coordinating program development. |
| **Date of Submission** | Enter the date you are submitting this proposal. |

 The Classification of Instructional Programs (CIP) provides a taxonomic scheme that supports the accurate tracking and reporting of fields of study and program completions activity. The National Center for Education Statistics (NCES) provides an [inventory](https://nces.ed.gov/ipeds/cipcode/Default.aspx?y=56) of CIP Codes. Proposing units should recommend an appropriate CIP Code for review and approval by EVPAA.

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| **Purpose of Certificate Program**Please explain the purpose of the certificate program. |
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| **Preparation for Professional License or Certification** Please provide information on preparation for professional license or certification (if any). |
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| **Need/Demand** Provide information on the need/demand of the proposed certificate program. |
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| **Admissions Requirements** List the admissions requirements for the proposed certificate program. |
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| **Required Credits** List the required number of credits for the proposed certificate program. |
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| **Learning Outcomes** List the learning outcomes for the proposed certificate program. |
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| **Relationship to a degree program** Indicate relationship to a degree program. If no relationship identified, please indicate “N/A.” |
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| **Mode of Delivery**Indicate the delivery format(s) in which students will be able to complete the proposed certificate (select all that apply) |
| [ ]  **100% In-person** – If a student will be able to complete the entire program in a traditional, in-person format with no online coursework, select ‘100% In-person.’[ ]  **100% Online** – If a student will be able to complete the entire program online, with no in-person coursework, select ‘100% Online.’[ ]  **Hybrid** – If a student will be required or able to complete the program via a combination of in-person and online courses, indicate ‘Hybrid.’\*We are all committed to high quality online programs, and we have expertise in the Office of Teaching and Learning with Technology (TLT) who can assist you in meeting that goal. Units are encouraged to reach out to TLT for consultation and guidance at TLT@docs.rutgers.edu. |

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| **Proposed Program Location(s)**Please provide the location(s) (name and address) where the proposed certificate will be delivered. Please state if the proposed certificate will be offered off-campus. If full online delivery is planned, please indicate “N/A.” |
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| **Resource Issues** Indicate any resource issues identified with the proposed certificate program including any additional resources that may be necessary to implement the program. |
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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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |