Request to Change

Academic Program (Degree or Certificate) Credit Requirement



[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**

**Change Academic Program (Degree or Certificate) Credit Requirements**

Change of credit requirement requests require initial approval from the requesting academic unit’s Faculty, Department Chair, Dean, and Chancellor. Following these approvals, credit requirement change must be reviewed by the Office of Academic Planning and approved by the Executive Vice President for Academic Affairs (EVPAA). Change of credit requirement requests are submitted as information items to the Board of Governors (including the Committee on Academic and Student Affairs).

Units seeking a credit requirement change 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.

|  |  |
| --- | --- |
| **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). |
| **Program Title** | Enter the full title of the degree or certificate program for which the credit change is being requested. |
| **Degree Designation** | Enter the designation of the degree program, such as Bachelor of Arts or Doctor of Philosophy. If a certificate, enter “N/A”.   |
| **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 the 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. |

|  |
| --- |
| **Describe the proposed change, including:** * the current number of required credits,
* proposed number of credits, and
* the type of credits (e.g., research, courses, independent study).
 |
|  |

|  |
| --- |
| **Please provide the rationale for the change.**  |
|  |

|  |
| --- |
| **Explain the impact (if any) the change will have on current students in the program.**  |
|  |

**Signatures of Approval Date**

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

Department Chair

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

Dean

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

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:**

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