Request Form to

Change Degree Designation

Logo

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[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 Degree Designation**

During the initial stages of a degree designation change request, 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.

Changing a degree designationrequires initial approval from the requesting academic unit’s Faculty, Department Chair, Dean, and Chancellor or Provost. Following these approvals, degree designation change requests must be reviewed by the Office of Academic Planning and approved by the Executive Vice President for Academic Affairs (EVPAA). Degree designation changes are submitted as information items to the Board of Governors (including the Committee on Academic and Student Affairs).

Units seeking a degree designation 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](mailto: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. |
| **Current Program Title** | Enter the full title of the degree program for which degree designation change is being requested. |
| **Current Degree Designation** | Enter the designation of the degree program, such as Bachelor of Arts or Doctor of Philosophy. |
| **New Program Title (Proposed)** | Enter the new (proposed) title of the degree program if applicable. |
| **New Degree Designation (Proposed)** | Enter the new (proposed) designation of the degree program, such as Bachelor of Arts or Doctor of Philosophy. |
| **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. |

**Change in Purpose of the Program**

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| Indicate why the modification of degree designation is desired and explain why the change does not fundamentally change the purpose of the existing program. |
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| Provide a record of any significant changes to the existing degree program made during the previous five years. |
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**Changes to Courses in the Major**

Using the format shown in the tables below, present (or attach) a comparison of the courses in the major for the existing program to the courses in the program with the new degree designation, noting recent changes and proposed new courses. The goal is to identify the percentage of courses required in the major with the new degree designation that will differ from those in the major with the old degree designation. (General education and free elective courses are excluded from consideration. Fractions of courses are rounded up.)

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| **Existing Courses** | | | |
| **Course #** | **Course Title** | **Number of Credits** | **Changes to Existing Courses (if any) with new degree designation** |
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| **Proposed New Courses** | | |
| **Course #** | **Course Title** | **Number of Credits** |
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| **Explain the impact on resources (if any).** |
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| **Please indicate whether this proposed change will require a Classification of Instructional Programs (CIP) Code Change. If yes, a CIP Code request will be required.** |
| ☐ Yes  ☐ No |

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| **Please indicate whether the proposed change will also require a degree nomenclature change. (i.e., change B.A. in African American and African Studies to B.S. in Africana Studies) Enter “N/A” if not applicable.** |
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| **If applicable, indicate current terminology in the disciplinary field and practice at peer institutions. Enter “N/A” if not applicable.** |
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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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |