Request Form to Change Name of a Department or Unit

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Description automatically generated

[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 Name of Department or Unit**

During the initial stages of a department or unit name 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.

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

Units seeking to complete a department or unit name 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. |
| **New Department/Unit Name (Proposed)** | Enter the new (proposed) department/unit name. |
| **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 the requested change. |
| **Primary Contact (Telephone)** | Enter the telephone number of the primary contact in the proposing unit responsible for coordinating the requested change. |
| **Date of Submission** | Enter the date you are submitting this request. |

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| **Describe proposed change.** |
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| **Provide a rationale for the name change.** |
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| **Identify the year the existing name was established.** |
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| **Describe the extent of related curricular revision or program changes (if any).** |
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| **Indicate current terminology in the disciplinary field and practice at peer institutions.** |
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| **Explain impact on resources (if any).** |
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| **Indicate whether this proposed change will require a Degree Nomenclature Change (e.g., B.A. in African American Studies to B.A. in Africana Studies).** |
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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](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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |