Request Form to

Create a Dual Degree Program

(Existing Programs)

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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 Create a**

**Dual Degree Program (existing programs)**

Dual Degree Programs are two sequential or concurrent degrees cooperatively offered by two units at Rutgers or a Rutgers unit and another institution —with a minimal amount of shared coursework. When degrees are at two different levels, the last year of the lower degree program often coincides with the first year of the higher degree program. For example, JD/MBA, MD/PhD, MPP/MPH, BA/EdM. For the purposes of this review, “dual degrees” also include programs such as 4 + 1 programs and “accelerated” programs. (Note: If you are seeking to create a different [type of cooperative academic program](https://academicaffairs.rutgers.edu/types-of-cooperative-academic-programs), please select the appropriate form from the [Academic Program and Organization Approvals webpage](https://academicaffairs.rutgers.edu/Academic-Program-Organizational-Approvals).) A dual degree program may only be created from two existing programs. If one or both of the programs are not in existence, the process to develop a [new degree program](https://academicaffairs.rutgers.edu/develop-a-new-degree-program) must be followed.

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

Please note that for proposed dual degree programs between a Rutgers unit and another institution, the chancellor or their designee must complete a [Notice of Intent (NOI)](https://oirap.rutgers.edu/NOI-ProgramChanges/login.aspx) once preliminary approval has been granted. In addition, dual degrees offered by both Rutgers and another institution require a Memorandum of Understanding.

Units seeking to create a dual degree program 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(s)/College(s)** | Enter the name of the sponsoring school(s) or college(s). |
| **Department(s)** | Enter the name of the sponsoring department(s), if applicable. |
| **Degree Designation** | Enter the designation of the proposed dual degree programs, such as Bachelor of Arts or Doctor of Philosophy. |
| **Degree Abbreviation** | Enter the abbreviation of the proposed dual degree designations, such as JD/MBA or MD/PhD. |
| **Degree Title** | Enter the title of the proposed dual degree program. |
| **Modality** | Enter the modality of the proposed dual degree program, whether in-person, hybrid, or fully online. |
| **Location** | Enter the physical location of where the proposed dual degree program will be offered – Camden, Newark, New Brunswick (Piscataway), or an alternative off-campus location. For alternative off-campus locations, provide the name and address of the facility. For fully online programs, enter “N/A.” |
| **Primary Contact (Name)** | Enter the name of the primary contact in the proposing unit(s) responsible for coordinating program development. |
| **Primary Contact (E-mail)** | Enter the e-mail address of the primary contact in the proposing unit(s) responsible for coordinating program development. |
| **Primary Contact (Telephone)** | Enter the telephone number of the primary contact in the proposing unit(s) responsible for coordinating program development. |
| **Date of Submission** | Enter the date you are submitting this request. |

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| **Provide a description of the dual degree program and confirm that it is being created from existing degree programs.** |
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| **As applicable, please address the use of overlapping coursework to fulfill the requirements of each degree and reduce the total credits and time needed to complete both degrees. For example:**   * **How many credits applied to degree program A may be applied to program B?** * **How many credits applied to degree program B may be applied to program A?** * **For dual degree programs that include a bachelor’s level degree, how many of the graduate level credits may be applied to the bachelor’s degree? How many may be applied to the major?** |
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| **Please include a copy of the units’ credit transfer policy. If only one program is accepting credits (e.g., B.A./M.A.), please provide the receiving unit’s policy. If both programs are accepting credits (e.g., M.P.A./M.Accy.) please provide both policies.** |
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| **As applicable, please address whether the two degrees are awarded sequentially as particular requirements are met or simultaneously upon total completion of all requirements.** |
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| **Describe the matter of school of enrollment and point in the program at which students move to the other unit.** |
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| **Please confirm that resources are in place to implement the dual degree program. Please indicate any new resources that will be required and their source.** |
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| **Mode of Delivery**  Indicate the delivery format(s) in which students will be able to complete the proposed dual degree program. (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](mailto:TLT@docs.rutgers.edu). |

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| **Responses to comments from CLUs, if applicable**  As noted above, during the initial stages of this request, the chancellor or their designee may need to 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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| **If applicable, please attach a copy of:**   * The Memorandum of Understanding. * The partner institution governing body’s resolution. |
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**Please note that any reporting or other requirements of specialized accreditors must be met by the degree-granting units.**

**Signatures of Approval Date**

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Department Chair

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Department Chair

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Dean

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Dean

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Chancellor or Provost

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