Request for

Degree or Certificate Nomenclature Change

Logo

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 Degree or Certificate Nomenclature**

During the initial stages of requesting a nomenclature change, 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 nomenclature change to move forward.

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

Units seeking a nomenclature 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.

|  |  |
| --- | --- |
| **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. |
| **Existing Nomenclature** | Enter the current nomenclature of the degree or certificate program for which the change is being requested. |
| **New Nomenclature (Proposed)** | Enter the new (proposed) nomenclature for the degree or certificate program for which the change is being requested. |
| **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. |

|  |
| --- |
| **Describe proposed change.** |
|  |

|  |
| --- |
| **Provide a rationale for the change.** |
|  |

|  |
| --- |
| **Describe the extent of curricular revision (if any). (i.e., changes to current courses or the addition of new courses, changes to credit requirements, etc.)** |
|  |

|  |
| --- |
| **Indicate how the proposed nomenclature reflects current terminology in the disciplinary field and practice at peer institutions.** |
|  |

|  |
| --- |
| **Explain the impact on resources (if any).** |
|  |

|  |
| --- |
| **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 |

|  |
| --- |
| **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.” |
|  |

**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](mailto: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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |