Request to

Add New Partner to Degree Program

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**

**Add New Partner to Degree Program**

During the initial stages of a request to add a new partner to an existing degree program, chancellors 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 request to move forward.

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

Units seeking to add a new partner to a 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/College** | Enter the name of the sponsoring school(s) or college(s). |
| **Department** | Enter the name of the sponsoring department(s), if applicable. |
| **Proposed Initiation Date** | Enter the proposed semester and year in which the program intends to initiate this change. |
| **Name of Proposed New Partner** | Enter the name of the new partner to the degree program. |
| **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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| **Provide a history and description of the current program and partnerships involved.** |
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| **Indicate the reason for the new partnership including:**   * The need within the program that the new partnership will fill. * Whether the program is within the mission of the proposed new partner. |
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| **Describe the role of each institution in delivering the program including:**   * The ability of the partner institution to offer the required general education courses. * The curriculum and credits earned at each institution. |
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| **List the approximate number of students expected to enroll through the new partnership.** |
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| **Please confirm that resources are in place to implement the joint 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 joint 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**  As noted above, during the initial stages of this request, chancellors/provosts 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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| **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

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

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Submitted to OSHE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |