**Courses of Study**

**Program Change Proposal Form**

(3/10/2022)

The Courses of Study (COS) Committee meets monthly and reviews proposals on a rolling basis. COS-approved proposal forms and supporting materials are distributed to the full GSE faculty one week prior to the GSE faculty meeting for consideration and a vote. Please refer to the COS Faculty Guidance Sheet for more information on COS form preparation. Completed COS forms should be emailed to the COS Committee chairperson.

**INSTRUCTIONS**

This form can be used to propose multiple changes to a single program or changes that significantly alter the program design and/or delivery. If you are proposing a single change, consider using the minor modifications form. Fill out a separate form for course changes, even if both are linked.

Complete all applicable fields where changes are being proposed. Include a clear rationale for the proposed change. Mark NA (not applicable) for those fields where no changes are proposed. Type directly into the expandable boxes. Do not convert this document to a pdf file. Sections:

1. Type of Change
2. Impact
3. Diversity, Equity, Inclusion & Social Justice
4. Submission Checklist
5. Approved Actions
6. **TYPE OF CHANGE**

**Current program name**

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|  |

[ ]  **Title** [ ]  **NA**

Make sure the title reflects the program’s connection to the GSE. For example, “education policy” rather than “policy” to distinguish it from courses in other academic units.

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| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Description for GSE Catalog (Follow COS template).** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Credits** [ ]  **NA**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Admissions/Application Requirement (i.e., GRE scores, essay, GPA, pre-req requirement)**

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| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Program Delivery (Online/ Face-to-Face/Hybrid)**

Program changes from face-to-face to online or vice versa require a different fee structure.

For courses that are changing their form of delivery, submit a course change form.

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| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Completion Requirements (i.e. comp exam, PRAXIS or other requirements)**

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| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Pre-requisite/other Requirement**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-1 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-2 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

[ ]  **Other-3 (specify):**

|  |  |  |
| --- | --- | --- |
| **CURRENT:** | **PROPOSED:** | **RATIONALE:** |

1. **IMPACT**

# Intended Impact. What are the intended, positive benefits to making the proposed change(s)?

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# Additional Effects- GSE. How might the proposed changes impact other courses/programs at the GSE? Is there potential to reduce or enhance enrollment in other programs or courses? Will the changes impact GSE staffing in any way What are possible unintended effects?

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# Additional Effects- Rutgers. Will the changes impact programs in other Rutgers units? What University programs are most similar and how does this program distinguish itself from them?

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1. **DIVERSITY, EQUITY, INCLUSION & SOCIAL JUSTICE**

What actions have been taken to retain or enhance the GSE’s commitment to diversity, equity, inclusion, and social justice, in the proposed course changes?

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# SUBMISSION CHECKLIST

1. Include a revised program sheet with this form. Consult with the Office of Student & Academic Services (OSAS).
2. Submit proposal forms for any new or revised courses that will be a part of this program.
3. For all programs that are subject to state review, all state paperwork (e.g. standards correspondence matrix) must be completed.
4. Is this program being offered in conjunction with a non-Rutgers legacy unit? If yes, please confirm that you have begun discussing the implications of this with the Office of Strategic Alliances and Outreach (SAI) and the Office of Administration and Personnel (OAP).
5. **APPROVED ACTIONS**

Typed signatures are sufficient for this COS form. Do not convert this form to a pdf file.

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| **DEPARTMENT OR SCHOOLWIDE** **PROGRAM** |
| Change proposed by:  |  |
| Date approved:  |  |
| Signature of Chair or Director:  |  |
|  |  |
| **COURSES OF STUDY** |  |
| Date considered:  |  |
| Action: |  |
| Signature of Chair: |  |
| Date dept or program notified: |  |
|  |
| **FACULTY ACTION** |  |
| Date circulated: |  |
| Date considered:  |  |
| Action |  |

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