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# [ ] SUBMISSION GUIDELINES FOR THIS PETITION

* Institution completes this petition form in its entirety by **clicking the text fields below each prompt to insert responses.** The document’s “outline is viewable if *“Navigation Pane”* is checked off under the *“View”* menu tab.
* Institution mails the $1,000 submission fee.
* **All checks must be made payable to Treasurer, State Of New Jersey** accompanied by a fee memo and check information sheet found at <https://www.nj.gov/highereducation/licensure/forms.shtml>, and sent to the following address.

**Overnight Mail:**

Office of the Secretary of Higher Education (OSHE)

Attn: Licensure

1 John Fitch Plaza, 10th Floor

Trenton, NJ 08608

**If the check is received with incorrect or missing information, it will be returned to the institution.**

* **PLEASE NOTE**: **PETITION SUBMISSION IS NOT CONSIDERED COMPLETE UNTIL THE SUBMISSION FEE HAS BEEN RECEIVED**. **THE PETITION WILL BE REJECTED IF THE SUBMISSION FEE HAS NOT BEEN RECEIVED BY 5 P.M. ON THE 10TH DAY FROM THE PETITION SUBMISSION DATE.**
* Receipt of petition, receipt of fee, and acceptance of petition will be confirmed by the OSHE.
* Upon submission, if any omissions are noted during the facial review, the institution will have one (1) opportunity to re-submit an amended petition document. A $500 fee will be required for any further re-submissions.
* Complete the *Institution Information Sheet*  [(CLICK HERE)](#_INSTITUTION_INFORMATION_FORM),
* When your institution is ready to submit a petition, kindly send it to the OSHE via email to: Licensure.HigherEducation@oshe.nj.gov
* This completed document may be submitted via email preferably, or via an electronic document transfer service (Drop Box, Google Docs, etc.). DO NOT SEND A PAPER COPY.

Please direct any questions to: Licensure.HigherEducation@oshe.nj.gov

# CHANGING PROGRAMMATIC MISSION - INSTITUTION INFORMATION FORM

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| Institution Information Form-PROGRAMMATIC MISSION CHANGE |
| **Date:**  Click or tap to enter a date.  | **If this is a re-submission, indicate how many times this petition has been submitted** Choose an item. |
| **Contact Information** |
| **First Name** | **Last Name** | **Contact Telephone** | **Contact Email** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Institution Information** |
| **Institution Name** Click or tap here to enter text. |
| **Institution/Program Website** Click or tap here to enter text. |
| **Institution Billing Address** |
| **Street** | **City** | **State** | **Zip Code** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Institution Profile** |
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| **Current Mission Level**Choose an item. | **Seeking Mission Change to:**Choose an item. |
| **Institution Accreditation** |
| **Institution Accrediting Body**Click or tap here to enter text. |

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| **Academic Program Information** |
|  **Current Programs That Exceed Current Mission** |
| **Program Name, Degree, Date of Approval**  | **List Courses and Specialist Program** **(if applicable)** |
| **Program #1** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #2**  | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #3** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #4** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #5** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #6** | Click or tap here to enter text. |
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| **Program #7** | Click or tap here to enter text. |
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| **Program #8** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #9** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| **Program #10** | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |

# [ ] PROCESS FLOW

## [ ] Consultants, Site Visit, and Consultants’ Report

* The OSHE determines whether a site visit is necessary, whether the site visit will be virtual or onsite, and the number of, and qualifications for the external consultants needed for the site visit. The OSHE informs the institution of all this information.
* Institution identifies potential consultants and submits the consultant(s) CV to the OSHE for review and approval. Consultants must be from outside New Jersey, as well as from outside the home state of a petitioning out-of-State institution, and should have no prior significant relationship with the institution or be otherwise conflicted. Institution, OSHE, and consultants agree on dates for a site review, and an electronic copy of the petition and appendices are provided to consultants. The site visit typically takes place on a single day with an introductory meeting/dinner the evening before.
* Once the consultants are approved and the dates have been set, the institution and OSHE will execute an MOU that will govern the site visit. The consultants are to receive an honorarium of $2,000 each and the institution shall cover the honorarium, all travel, lodging and related expenses for the consultants and OSHE staff.
* The institution should begin making arrangements for a site visit. Most significantly, this involves developing an agenda for the site visit. OSHE staff will assist in developing an agenda, if needed. The institution should also assist consultants and OSHE agency staff with travel and lodging arrangements.
* Consultants and OSHE staff conduct a site visit at the institution.
* Typically, two to three weeks after the site visit, the consultants will submit a combined report to OSHE with recommendations regarding the petition. OSHE will forward the report to the institution and the institution shall have the opportunity to submit a response to the report.
* The institution should forward a response to the consultant report to OSHE.

## [ ] NJPC Review and Recommendation

* OSHE shall forward the petition and related materials to the New Jersey Presidents’ Council (NJPC), which will review the petition and related materials and provide the OSHE with a recommendation on what action OSHE should take on the petition.

## [ ] OSHE Secretary Final Decision

* After receipt by OSHE of the NJPC recommendation, the Secretary of Higher Education will review the petition and related materials, and make a final decision as to the institution’s request for changing mission. The institution will receive the Secretary’s final decision in writing.

# PETITION CRITERIA

N.J.A.C. 9A:1-2.9

**Provide responses in the boxes below each prompt, and please link to as many items as possible. It is the institution’s responsibility to ensure that all links provided are working and launch appropriately and accurately. Links are to be individually labeled and indicate the specific launch location, e.g. institution’s website.**

## CRITERIA #1: THE OBJECTIVES OF THE PROPOSED MISSION CHANGE

1. What are the objectives of the proposed mission change?

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1. Does the institution currently offer any academic programs that exceed its current mission level for which formal OSHE approval was not received? If so, please list the programs and the date(s) each program was launched.

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## CRITERIA #2: THE RELATIONSHIP OF THE PROPOSED MISSION CHANGE TO THE CURRENT INSTITUTIONAL MISSION AND THE STATEWIDE PLAN FOR HIGHER EDUCATION, IF APPLICABLE

1. What is the relationship of the proposed mission change to the NJ statewide plan for higher education?

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1. What is the relationship of the proposed mission change to the current institutional mission?

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1. Explain how the proposed mission change relates to the long range plans and strategic plans of the institution.

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1. Give examples of how the institution’s strategic or long-range plans indicate the institution’s intention to offer academic programs above the existing mission level.

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1. Give examples of how the institution’s mission, long-range, and strategic planning affects the institution’s operations.

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1. Please provide the institution strategic/long-range plans

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1. Please provide the institution mission statement

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1. Describe the institution’s current academic programming and how programs from the proposed mission level change will grow from existing programs.

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## CRITERIA #3: DEMONSTRATION OF NEED FOR THE MISSION CHANGE, INCLUDING PRESENT AND PROJECTED STUDENT DEMAND AND DEMAND FOR GRADUATES

1. Provide evidence of the need for the mission change, including present and projected student demand and demand for graduates.

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1. Provide evidence of existing demand in the careers, professions, or practices that graduates of existing programs are prepared to enter.

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1. Provide evidence of the projected demand in the careers, professions, or practices for graduates of programs offered at the proposed mission level change.

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1. Provide evidence of external constituency and stakeholder engagement used to determine the need for the programs at the proposed mission level change.

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## CRITERIA #4: THE EFFECT OF THE PROPOSED MISSION CHANGE ON EXISTING PROGRAMS AT OTHER INSTITUTIONS

1. What programs are planned to be offered at the proposed mission level change? Indicate new programs in development or contemplated. Provide a projected timeframe during which approval will be sought for new programs.

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1. Include a listing of currently offered programs at the proposed mission level change offered at other NJ institutions that are at the same degree level and in the same academic discipline as the programs indicated in 1, above.

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1. Provide evidence of student, and community demand at the institution and in the region for the programs proposed to be offered at the proposed mission level change.

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## CRITERIA #5: THE DEDICATION OF SUFFICIENT RESOURCES TO IMPLEMENT AND MAINTAIN THE PROPOSED MISSION CHANGE WITHOUT ERODING THE QUALITY OF ONGOING PROGRAMS

1. Provide a projected budget for programs to be offered at the proposed mission level change that details projected costs and income. The budget should comprehensively summarize the financial aspects of the courses and/or degree program(s) for each of the first three years of operation.

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1. Indicate the relationship of the proposed program budget to the overall institution budget.

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1. Provide a brief narrative with the budget form and describe the components of the program budget. Please include the tuition per credit hour, distinguishing, as appropriate, undergraduate and graduate tuition.

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1. Explain how the institution will ensure that any new academic degree programs offered at the new mission level will not have negative impact on offerings at the current mission level.

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1. Will the budget process for the institution differ under the proposed mission level change? If so, please explain the difference.

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1. How specifically does the institution plan to fund and support faculty scholarship and development under the proposed mission level? (e.g. institutional funding, grant funding)

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1. Describe the institution’s methods for internal and external review and assessment of enrollment and budgeting for programs offered at the proposed mission level change.

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## CRITERIA #6: APPROPRIATELY QUALIFIED STUDENTS, FACULTY AND ADMINISTRATORS

1. What are the admissions requirements, processes and policies for students who will be admitted to the proposed programs to be offered at the proposed mission level change?

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1. Describe the institution’s Diversity, Inclusion and Equity policy and how it demonstrates that your commitment to diversity (e.g., traditionally underrepresented, first-generation, students with disabilities, and women, for e.g.) participation will be assured at the proposed mission level change.

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1. Describe how the institution will assess the efficacy of academic programming offered under the proposed mission level change. (e.g. satisfaction, career placement)

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1. Provide evidence that faculty will be appropriately qualified.

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1. What is the total number of faculty members that will be dedicated to programs that will be offered at the proposed mission level change, and how many of that number are full-time and how many are part-time? What are the present ranks of faculty and the total numbers of faculty within each rank? Please break down the demographics of these faculty by U.S. Census defined race/ethnicity categories, self-identified gender categories (male, female, other, prefer not to say, non- binary, transgender), and faculty with disabilities.

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1. Does the institution plan to hire additional faculty with appropriate terminal degrees and/or credentialing as a direct consequence of adding additional programs at the proposed mission level change? If so, what is the recruiting plan?

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1. Does the institution currently limit the teaching load of faculty? Will the institution change the current teaching load as a consequence of the proposed mission change in mission level? If so, what is the plan including course assignment?

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1. What is the professional development plan for faculty teaching in programs that will be offered at the proposed mission level change?

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1. Will the faculty administrative and/or governance structure be changed under the proposed mission level change?

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1. Provide evidence that administrators will be appropriately qualified.

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1. Please provide a listing of administration, staff and faculty of the institution, by name, title and credential, and specifically indicating which of these will be involved in the programs to be offered at the proposed mission level change, and reflect these positions in the proposed budget.

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1. Explain how reporting levels and/or reporting lines may change under the proposed mission level change.

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1. Please provide an organizational chart indicating reporting lines at the proposed mission level change.

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1. What will be the credentials of the administrators of programs at the proposed change in mission level?

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1. Will the institution’s administrative structure or processes change under the proposed mission level change? (e.g. Admissions, enrollment management, academic services, curriculum development, faculty engagement). If so, please explain.

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1. Will any existing institutional policies be changed or impacted by the proposed mission level change? (e.g. faculty policies, curriculum development policies , housing policies, assessment of learning processes or policies) If so, please list and indicate specifically the change and/or impact.

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## CRITERIA #7: THE QUALITY OF LIBRARY HOLDINGS, FACILITIES, AND EQUIPMENT

1. Describe the facilities (number of classrooms, resources: library, laboratories, technology) that will specifically support programs at the proposed mission level change.

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1. Provide evidence of the adequacy of the facilities described above, including accessibility.

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1. Please provide facilities descriptions, pictures, schematics specifically reflecting the accommodation of programs to be offered at the proposed mission level change.

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1. Describe how the plan to offer programs at the proposed mission level change will be integrated into existing classroom, equipment, laboratory, and technology scheduling.

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1. If new construction or additional facilities are planned, please describe.

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1. What are the existing library holdings and provide evidence of the quality of library holdings.

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1. Describe the plan to acquire holdings, provide services, and provide access to resources that are at the appropriate scholarship level of the proposed mission level change.

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1. Indicate whether additional or new funding would be available for acquiring books and/or their materials to supplement the existing library collections, and that would specifically support academic programs at the proposed mission level change.

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1. Does the institution anticipate dedicating or adding specific library personnel to support the proposed mission level change?

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1. Please provide the institution’s library and other learning resources standards and policies

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1. Provide evidence of the quality of equipment and technology.

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1. Indicate in which modalities (hybrid, distance learning, face-to-face) the programs to be offered at the proposed mission level change will be offered, and the technology and instructional infrastructure that will support delivery of these programs.

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## CRITERIA #8: EVIDENCE OF STRENGTH COMPARED WITH SIMILAR INSTITUTIONS IN THE REGION AND STATE

1. Explain the continuing assessment plan for programs that will be offered at the proposed mission level change.

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1. Indicate projected student enrollment for programs to be offered at the proposed mission level change.

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1. Provide evidence that instructional design, infrastructure, technology, and student support and services are sufficient to support the needs of students, faculty and staff enrolled and involved with programs to be offered at the proposed mission level change.

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1. Describe any student, instructional or programmatic distinctions of programs to be offered at the proposed mission level change, from those at similar institutions in the region and State.

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1. Does the institution have or anticipate external accreditation for any academic programs at the proposed mission level change? If so, what is the name of the accrediting body and provide a timeline for applying, if anticipating.

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