

# REQUEST FOR DEPARTMENTAL NAME CHANGE

*This form should be sent to the controller's office after all the proper signatures are obtained.*

## Information

Current Title of Department \_\_\_\_\_

Requested Title Change \_\_\_\_\_

Acronym (if applicable) \_\_\_\_\_

Current GL # \_\_\_\_\_

Date \_\_\_\_\_

## Approvals / Signatures

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Controller's Office

Date Changed \_\_\_\_\_