## Request to Change the Name of a Center/Institute

Over the life of a Center or Institute the need or interest in changing the name may occur. To request such a name change, complete the information below and forward to the Provost's Office, PO Box 113175. The name change is contingent upon approval from the Provost.

Center/Institute Original Name:			
Proposed New Center/Institute Na	me:		
Brief Explanation for the Name Cl	hange:		
Director	Date	Dean	Date
Vice President (as appropriate)	Date	_	
Provost		Date  ☐ Disapproved	_
For Provost's Office Use Only			
Copy to requesting Center: (date)			
Conv to Institutional Research: (da	ate)		