

# University of Connecticut

## Department Name Processing Form

**Requester's Information:**

Name (and title): \_\_\_\_\_  
Department: \_\_\_\_\_  
School/College: \_\_\_\_\_  
Phone: \_\_\_\_\_ email: \_\_\_\_\_

If **adding/changing** a Department Name, please fill in the present Department abbreviation and name:

Present Abbreviation: \_\_\_\_\_  
Present Name: \_\_\_\_\_

In the spaces below please fill in the new or revised Department information and requested activation date:

Revised Abbreviation: \_\_\_\_\_ (*4 characters*)  
Revised Name: \_\_\_\_\_ (*up to 30 characters*)  
Effective Year and Term: \_\_\_\_\_

If **inactivating** a Department Name, please fill in the present Department abbreviation, name and the inactivation date:

Present Abbreviation: \_\_\_\_\_  
Present Name: \_\_\_\_\_  
Inactivation Date: \_\_\_\_\_

**Approval Signatures:**

Department Head	Date
Dean	Date
Vice Provost for Academic Administration	Date

Note: Enclose any supporting documentation regarding this request, such as meeting minutes from the School/College indicating the approval of the requested change.

cc: Registrar  
OIR