

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 name:

Present Abbreviation: _____
Present Name: _____

Below, please fill in the new or revised Department information and requested activation date:

Revised Abbreviation: _____ *(4 characters)*
Revised Name: _____ *(up to 30 characters)*
Activation Date: _____

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

Provost's Office 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