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