



Office of the Provost and Vice President of Academic Affairs

KSU Academic Department Name Change Request

Request to Create KSU Academic Department

Current Name of Department: _____
(if name change request)

Proposed Name of New Department: _____

Name of College: _____

Current Department Budget Number: _____
(if name change request)

Proposed Effective Date: _____

Degree programs/certificates in new department (Include any course prefixes assigned to new department)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Brief explanation for name change

Will department be an academic home (tenure granting) department? Yes No

Approvals

	Name	Signature	Date
Dept. Chair			
Dean			
Provost			

Please print, sign and send from to Academic Affairs at mail drop #0104.

*Department Budget Request Form from Office of Budget and Planning must also be completed.
<http://ofm.kennesaw.edu/docs/forms/budgetrequest.pdf>