

New Department Head or Department Name Change Form

Change Department Head Name

Account Number: _____

Account Name: _____

Effective Date of Change: _____

Former Head:

New Head:

MSU ID #: _____ MSU ID #: _____

Name: _____ Name: _____

Change Department Name

Effective Date of Change: _____

Previous:

Account Number: _____

Account Name: _____

New:

Account Number: _____

Account Name: _____

Current information can be viewed on the last page of the budget worksheet or on the department totals' screen.

Change submitted by: _____ Date: _____