



TEXAS WOMAN'S
UNIVERSITY™

*Office of Human Resources
Compensation*

DEPARTMENT NAME CHANGE REQUEST

SECTION 1: Current Information

Current Department Costing Number(s) & Name(s)

Division:

SECTION 2: Proposed Information

New Department Name:

Effective Date:

Division:

SECTION 3: Additional Comments

SECTION 4: Authorization

Department Head/Chair:

Dean (If applicable):

Research & Sponsored Programs:
(If grant funded)

Manager, Academic Budgets:
(If Academic Affairs Division)

Budget Office:

Chancellor and President OR
Divisional Vice President/Provost:
(Whichever is applicable)

Compensation Manager:

Executive Director of HR: