



## DEPARTMENT NAME CHANGE REQUEST

# TEXAS WOMAN'S UNIVERSITY™

*Office of Human Resources  
Compensation*

### SECTION 1: Current Information

Current Department 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)

Academic Financial Services:  
(If Academic Affairs Division)

Budget Office:

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

Compensation Manager:

Sr Associate VP & CHRO: