



**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**

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

\*Department Budget Request Form from Office of Budget and Planning must be completed and sent to budget. <http://fiscalservices.kennesaw.edu/budget/forms.php>