

# LSU FACILITIES NAMING REQUEST FORM

Submit this form and all supporting documentation to the Office of Academic Affairs, attn.: Senior Vice Provost, 156 Thomas Boyd Hall.

## Request for Functional, Administrative, Honorific, or Commemorative Naming

Date of Request \_\_\_\_\_

Name of Nominator \_\_\_\_\_ Campus and College or Unit \_\_\_\_\_

Facility, Space or Program Current Name (if any) \_\_\_\_\_

Proposed Name \_\_\_\_\_ Location on Campus \_\_\_\_\_

Approvals (signature and date)

Dean \_\_\_\_\_ Date: \_\_\_\_\_

Academic Affairs \_\_\_\_\_ Date: \_\_\_\_\_

University Naming Committee \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Office of Academic Affairs

Date Received \_\_\_\_\_

Date Forwarded to Committee \_\_\_\_\_

Date Returned from Committee with Recommendation \_\_\_\_\_

Date Sent to President for BOS Approval \_\_\_\_\_

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