



## 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 \_\_\_\_\_

Rationale for Proposed Name \_\_\_\_\_

*Attach a detailed rationale for the proposed naming per the criteria indicated in PS 70, section IV.*

### A Commemorative Naming of a major facility must obtain the permission of the Dean or Provost.

#### 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 \_\_\_\_\_

Board of Supervisors Agenda Item \_\_\_\_\_ Date \_\_\_\_\_

Final Approved Name and Date \_\_\_\_\_