



# Responsible Person Change

ROUTING

Are you using sponsored awards or gifts on this fund?    Yes  route MSC SPA    No  route MSC AFR

## SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Requestor Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Change Responsible Person on a     Fund or  Organization

1. Reason for change: \_\_\_\_\_

2. Fund / Org #: \_\_\_\_\_ Fund / Org Name: \_\_\_\_\_

3. Current Responsible Person Aggie ID#: \_\_\_\_\_

4. Current Responsible Person Name: \_\_\_\_\_

5. Proposed Responsible Person Aggie ID#: \_\_\_\_\_

6. Proposed Responsible Person Name: \_\_\_\_\_

7. Requested by: \_\_\_\_\_

8. Signature: \_\_\_\_\_

9. Department Name: \_\_\_\_\_

10. E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

11. Dept. Head/Director/Dean (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

## SECTION 3: INTERNAL DEPARTMENT USE ONLY

Fiscal Monitor: \_\_\_\_\_ Date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_