



# Title Change (Index/Fund/Org\*/Acct/Prgm/Activity)

ROUTING  
FIP  
MSC CAR  
Fip@nmsu.edu  
Phone 646-1514

\*Form can be used only for Non-Hiring Org title changes.

## SECTION 1: REQUESTOR INFORMATION

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

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

## SECTION 2: REQUEST DETAILS

1. **Index:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

2. **Fund:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

3. **Non-Hiring Org:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

4. **Account:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

5. **Program:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

6. **Activity:** \_\_\_\_\_

Current Title: \_\_\_\_\_ New Title: \_\_\_\_\_

Purpose for changing title: \_\_\_\_\_

## SECTION 3: APPROVAL

7. Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Principal Investigator  Dean/VP/CC President  Designee

## SECTION 4: OFFICIAL APPROVAL

8. Dept. Head/Director/Dean: \_\_\_\_\_ Signature: \_\_\_\_\_

## SECTION 5: INTERNAL DEPARTMENT USE ONLY

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