

**Request to Change a Department Cost Center  
Name and/or Reporting Hierarchy**

Fund: \_\_\_\_\_ DCC: \_\_\_\_\_ Current Name: \_\_\_\_\_

Budget Administrator: \_\_\_\_\_  
Signature \_\_\_\_\_ Email address \_\_\_\_\_

Date: \_\_\_\_\_  
\_\_\_\_\_ Contact Extension \_\_\_\_\_

**Change in DCC name**

New Name: \_\_\_\_\_ Short Name \_\_\_\_\_  
(max 30 characters) (max 10 characters)

**Change in DCC Reporting Hierarchy**

Current Roll-up: \_\_\_\_\_  
Dept \_\_\_\_\_ College/Division \_\_\_\_\_ VP \_\_\_\_\_

Proposed Roll-up: \_\_\_\_\_  
Dept \_\_\_\_\_ College/Division \_\_\_\_\_ VP \_\_\_\_\_

**Required Signatures for Hierarchy Changes:**

Chair or Dept Manager: \_\_\_\_\_  
Signature \_\_\_\_\_ Email address \_\_\_\_\_

Dean: \_\_\_\_\_  
Signature \_\_\_\_\_ Email address \_\_\_\_\_

VP/Provost:  
(or designee) \_\_\_\_\_  
Signature \_\_\_\_\_ Email address \_\_\_\_\_

***Please forward form to the Budget Office (Geof Tracy) for final approval.***

After this form has been processed, an email notification will be sent.

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For Controller's/Budget Office Use Only

Director of Budgeting: \_\_\_\_\_  
Date \_\_\_\_\_

Controller: \_\_\_\_\_  
Date \_\_\_\_\_

Additional Comments