REGISTERED STUDENT GROUP NAME CHANGE REQUEST FORM

Student Group ID #: ____________ Current Group Name: ____________________________

New Group Name: ____________________________

Officer Name (please print): ____________________________________________________________________

Officer initials: __________________ By submitting this Student Group Name Change Request Form, student group officer verifies that decision to change group name was done in accordance with student group constitution/bylaws.

Officer initials: __________________ In order to complete a name change for a registered student group, a new, ratified constitution must be submitted with the appropriate corrections. Please review Constitution Guidelines at: http://sua.umn.edu/groups/handbook/constitution.php A sample constitution is available to download on the Student Unions & Activities website http://sua.umn.edu/groups/forms/ and you may also submit a Request for Student Group Documents to receive a copy of your group’s existing constitution/bylaws to the Student Unions & Activities, Coffman Memorial Union Room 126.

Officer initials: __________________ Your student group identification number and/or your student group classification (Registered Student Organization/Campus Life Program) will NOT change when you submit a group name change.

Officer initials: __________________ Student Unions & Activities reserves the right to maintain a record of all previous names of said registered student group in our records.

Officer signature: ___________________________________ Date: _______________

If approved, student groups classified as Registered Student Organizations will receive a letter that can be taken to the group’s banking institution as documentation of the group’s new name. Please list the titles and names of all currently listed officers who should have access to the group’s bank account. A minimum of two officers are required.

Title: ____________________________ Name: ____________________________

Title: ____________________________ Name: ____________________________

Title: ____________________________ Name: ____________________________

Title: ____________________________ Name: ____________________________

Title: ____________________________ Name: ____________________________

FOR STUDENT UNIONS & ACTIVITIES USE ONLY

Received by: ____________________________ Date received: _______________

Approved/denied by: ____________________________ Date approved/denied: _______________

Reason for denial (if applicable): ___________________________________________________

RSO Letter created by (if applicable): ____________________________ Date created: _______________