



EXISTING ENTITY REQUEST FORM

Date of request: _____

Type of Request: Structural Functional

Entity Number: _____

Current Entity Name: _____

New Entity Name: _____

Reason for Entity name change: _____

Current Hierarchy: _____ Requested Hierarchy: _____

Entity will report to: Entity No. _____ Entity Name: _____

Reason for Hierarchy change: _____

Affiliation Change (if needed):

Course: Student Major: Student Minor: Financial: Personnel:

Account Number: _____ Term Required (HUB only): _____

Comments: _____

Requested By:

Name: _____ Title: _____

Dept: _____ Phone No.: _____

Email Address: _____

Unit CFO Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Provost Approval: ¹ _____ Date: _____

¹ Entity/Hierarchy changes applied to functional elements such as student majors require CFO approval **only**. Entity/Hierarchy changes applied to structural elements such as Departments require CFO, Dean/VP and Provost approval. Provost approval will be obtained by APB.

Please return completed form to Laura Szeffel at lszefel@buffalo.edu