

Student Unions & Activities

UNIVERSITY OF MINNESOTA

126 Coffman Memorial Union
300 Washington Avenue S.E.
Minneapolis, MN 55455
Phone: (612) 626-6919
Fax: (612) 624-9124
E-mail: sao@umn.edu

Registered Student Group Name Change Request Form

Student Group ID #: _____

Current Group Name: _____

New Group Name: _____

Officer Name (please print): _____

Officer E-mail: _____

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. A sample constitution is available to download on the Student Unions & Activities website <http://www.sua.umn.edu/groups/forms/> and you may also submit a request 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: _____

FOR STUDENT UNIONS & ACTIVITIES USE ONLY

Received by: _____

Date received: _____

Approved/denied by: _____

Date approved/denied: _____

Reason for denial (if applicable): _____