



EXISTING ENTITY REQUEST FORM

Date of request: _____

Type of Request: Structural Functional

Entity Number: _____ Abbreviation: _____

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: _____

Entity Level:

1 – Purpose: 2 – Group: 3 – VP/Decanal: 4 – Unit:

5 – Area: 6 – Department: 7 – Sub-department: 8 – Entity:

Affiliation Change (if needed):

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

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

Comments: _____

Notification to be sent to:

Name: _____ Title: _____

Dept: _____ Phone No.: _____

Email Address: _____

Unit UBO Approval: _____ Date: _____

Dean/VP Approval: _____ Date: _____

Resource Planning Approval: ¹ _____ Date: _____

¹ Entity/Hierarchy changes applied to functional elements such as student majors require UBO approval **only**. Entity/Hierarchy changes applied to structural elements such as Departments require UBO, Dean/VP and RP approval. RP approval should be obtained by email at RP-Entity-Request@buffalo.edu.

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