

**FORM L**  
**BOARD OF REGENTS, STATE OF IOWA**  
**PROPOSAL FOR CENTER OR INSTITUTE NAME CHANGE**

Institution: \_\_\_\_\_

Current Name of Center/Institute: \_\_\_\_\_

Proposed Name of Center/Institute: \_\_\_\_\_

Name of unit where Center/Institute is located: \_\_\_\_\_

Approximate date to implement changes:    Month \_\_\_\_\_ Year \_\_\_\_\_

Contact person: (name, telephone, and e-mail): \_\_\_\_\_

Please do not use acronyms without defining them.

1.     Provide a brief description of the current center/institute.
  
2.     Describe reasons for the proposed name change. Include information about the value of the change to the center/institute, college, and/or the university.
  
3.     Describe other center/institute changes, if any, that will coincide with the proposed name change, e.g., change in administration, objectives etc.
  
4.     Is the proposed name change consistent with funding requirements?
  
5.     What costs will be incurred by the proposed name change? Identify new resources that will be needed in connection with the proposed change, e.g., facilities, faculty, staff, funds, etc.
  
6.     Is this intended to be a temporary or permanent change? If temporary, for how long?
  
7.     Provide any other information that might be helpful to the Board of Regents in considering this request.