

**Davidson County Community College
Student Organization**

Name Change Request

Current Organization Name: _____

New Organization Name: _____

Reason for Name Change Request: _____

Requested By: _____

President's Signature

Date

Advisor's Signature

Date

In order to complete a name change for an organization a new constitution must be submitted with the appropriate corrections. Please attach an updated version of your group's constitution to this form. Your student account number will NOT change when you submit a group name change.

For Office Use Only

Date Request Received: _____

Comments: _____

Director, Student Life & Leadership Signature

Date