



REQUEST FOR ACCOUNT REVISIONS FORM

Department Name: \_\_\_\_\_

New Account Name: \_\_\_\_\_

Change Account Type From:

Grant  Loan  Stipend  Other: \_\_\_\_\_

Change Account Type To:

Scholarship  Grant  Loan  Stipend  Other: \_\_\_\_\_

Specific Purpose of Change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Only Updating Authorized Signers:  Yes  No

Authorized Signers (At Least Two Please):

	<u>Printed Name</u>	<u>Signature</u>
Phone Ext.: _____	_____	_____
Phone Ext.: _____	_____	_____
Phone Ext.: _____	_____	_____
Phone Ext.: _____	_____	_____

Department Head Approval: \_\_\_\_\_  
Printed Name Signature

Foundation Approval: \_\_\_\_\_  
Printed Name Signature

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For Foundation Use:

Foundation Project Number: \_\_\_\_\_ Date Received: \_\_\_\_\_