Campus Area Name Request Application This application is for requests to have a Campus Area (ex. Streets/Roads/Trails/Fields) Named.

Forward completed form to: Office of the President

Reviewed by Administration & Operations: _____ Reviewed by Building & Grounds Committee: _____

Reviewed by the President: _____

Gulley Hall

352 Mansfield Road, Storrs, CT 06269-2048

Unit 2048

Date of Application Submission:	
1. Contact Information of Person Mak	ing Request:
Name:	Address:
Department:	Telephone:
Title:	Email:
2. Current Street/Road/Trail/Field Nar	ne and Address (if applicable):
3. Requested Street/Road/Trail/Field N	Jame:
4. Describe the Reason for the Street/F	Road/Trail/Field Name:
5. Dean/Department Head/Director Na	ame:
Signature of Requestor:	
Signature of Dean/Department Head/Director:	
FOR OFFICE USE ONLY	
Date Received: Reviewed by Signage Committee:	