**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

**REQUEST FOR APPROVAL OF NAMING PROPOSAL**

Check one: [ ]  Facility or [ ]  Program

Proposed Name:

Description of the Facility or Program to be Named:

Date of Gift (Recorded):

Benefactor Contribution Amount:

Gift Type:

Purpose:

Rationale for Naming Proposal/Donor Relationship with The University of Southern Mississippi

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

Name and Title of Nominator and date (*please print)*

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

Signature of Nominator and date *(please print*)

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

Signature of Supervising Dean or Executive Officer and date (*no electronic signature*)

I certify that this naming proposal and any accompanying agreement(s) comply with the policies of The University of Southern Mississippi and the USM Foundation or the USM Athletic Foundation, as appropriate.

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

Vice President for External Affairs and date (*no electronic signature*)

Approved: \_\_\_\_\_\_\_\_\_

Not Approved: \_\_\_\_\_\_\_\_\_\_\_\_\_