Mississippi University for Women
Transmittal Sheet for Organizational Chart Changes

PART I: To be completed by the President's Cabinet member recommending the change.

Effective date of proposed change: _____

Please provide a description of the recommended change to the MUW Organizational Chart.

_____

_____

_____

Please provide the rationale for the proposed change.

_____

_____

_____

_____ _____ _____

President's Cabinet member's signature | Title | Date

PART II. To be completed by the President.

- ❑ Approved
- ❑ Disapproved
  Rationale: _____

  _____
- ❑ Forwarded to Office of Institutional Research

Signature: _____ _____

President | Date

PART III. To be completed by the Office of Institutional Research.

- ❑ Received Date: _____
- ❑ Approved changes made to MUW Organizational Chart and forwarded to the Director of Human Resources Date: _____

PART IV. To be completed by the Director of Human Resources.

- ❑ Received Date: _____
- ❑ Distributed to campus Date: _____