Black Hills State University

Naming Request Form – Associated Gift

Black Hills State University proposes naming	(insert facility or		
, for	The proposed		
following factors:			
(insert criteria from SDBOR Policy 1:27	(2))		
This is an approved name, and this fully executed form ver	rifies this meets the criteria	applicable for this naming	
and that the donor has gifted a substantial amount of the total pro	oject cost of	The approved	
name will become effective on (date) and wil	l be honored until	(date). This	
naming may be revoked in the event that the named facility or pro	ogrammatic unit is discontin	ued. The University	
reserves the right to recognition at its sole discretion in alternate	methods.		
V.P. of University Advancement, Black Hills State University	Date		
President, Black Hills State University	Date		
Executive Director, Board of Regents	 Date		

(Note: Board of Regents authorized signature is required only if 1) the new or existing campus facilities project cost exceeds \$250,000, and 2) the naming is of programmatic units such as colleges, schools, institutes, centers, divisions, or departments in accordance with SDBOR Policy 1:27 and 2:14 upon recommendation of the University President; May attach Board of Regents agenda item in lieu of signature.)

When completed, the original of this form shall be kept on file at the BHSU Foundation with a copy sent to the BHSU Offices of the President, the V.P. for Finance and Administration, and the A.V.P. for Facilities Services and Sustainability.