

**Loyola University New Orleans**  
**Naming Opportunity Approval Form**  
*(To be used to obtain approval for naming opportunities  
in accordance with policy and procedure  
as outlined in the University Naming Policy)*

**Submitted by:**

**Date:**

**Description of what is to be named:**

**Proposed name:**

**Justification for naming** (select as appropriate):  **Gift**  **In-Honor-Of**

**Gift Amount:**

**Schedule of Payments:**

**Additional Information** (*attach supporting documentation*):

**Approval Signatures and Date:**

\_\_\_\_\_  
Dean of requesting unit (if applicable) Date

\_\_\_\_\_  
Vice President of requesting office (if applicable) Date

\_\_\_\_\_  
Vice President for Institutional Advancement Date

\_\_\_\_\_  
President Date

\_\_\_\_\_  
Designee of University Board of Trustees (if appropriate) Date