



## Responsible Person Change

**\*Restricted Routing Below**  
Unrestricted & Agency  
Enter Ticket in [Aggie](#)  
[Service Desk](#)

The responsible person listed will be the person who is going to be fiscally responsible for the fund monies

**\*Restricted requests submit to:**

- Plant request route to SPA at [spa\\_plant@nmsu.edu](mailto:spa_plant@nmsu.edu)
- Sponsored awards route to Research Administration Services (RAS) through ARGIS
- Financial Aid, Federal/County/Local appropriations, submit through NMSU SPA Work Flow
- Gift or Endowment route to Foundation [giftacct@nmsufoundation.org](mailto:giftacct@nmsufoundation.org)

### SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Requestor Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_

### SECTION 2: REQUEST DETAILS

Change Responsible Person on a ☐ Fund or ☐ Organization

1. Reason for change: \_\_\_\_\_

2. Fund / Org #: \_\_\_\_\_ Fund / Org Name: \_\_\_\_\_

3. Current Responsible Person Aggie ID#: \_\_\_\_\_

4. Current Responsible Person Name: \_\_\_\_\_

5. Proposed Responsible Person Aggie ID#: \_\_\_\_\_

6. Proposed Responsible Person Name: \_\_\_\_\_

### SECTION 3: APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Principal Investigator ☐ Dean/VP/CC President ☐ Designee **OR** ☐ For Aggie Service Center Units ☐ Dept Head/Dir ☐ Principal Investigator

### SECTION 4: REVIEW AND APPROVAL

Dept. Head/Director/Dean: (please print) \_\_\_\_\_ Signature: \_\_\_\_\_

### SECTION 5: INTERNAL USE ONLY

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_