Graduate Student Name & Address Change Form

Last Name _____ First Name _____ MI _____ Student ID # _____

Program of Study _____ Date _____

Status: Please check **all** that apply.

☐Faculty/Staff ☐Prospective Student ☐Matriculated Student ☐Non-matriculated Student

☐Applicant (☐from application OR ☐during review)

Name Change

Please note: Name changes can **only** be done with legal documentation. Attach documentation to this form.
Ex: copy of marriage certificate, valid driver's license, divorce decree etc.

_____
New Name

_____
Former Name

Address Change

New Address:

Street _____ City _____ State _____ Zip _____

Former Address:

Street _____ City _____ State _____ Zip _____

Is this a permanent address change?

☐Yes, effective date_____

☐ No, effective dates from _____to_____

Current Phone Numbers:

Home _____ Cell _____ Work _____

Office Use Only

Process Date: _____ By: _____