



Office of the Registrar

STUDENT NAME CHANGE APPLICATION

Please check if you are a Doctor of Medicine student

Former Name: _____
First Middle Last

Present Name: _____
First Middle Last

Rocket Number: _____ Birthdate: _____

Email: _____ Phone: _____

Signature: _____ Date: _____
Pen-to-paper signature required

****If you have applied to graduate please indicate the name as you want it to appear on your diploma.**

Diploma Name: _____

Please submit this form, along with a signed **copy of your Social Security Card**, to Rocket Solution Central (RH 1200) on Main Campus. Health Science Campus (HSC) students may submit this to the Office of the Registrar on the HSC (MLB 114). No other form of identification will be accepted for US citizens. International students requesting name changes must provide a copy of their passport. If you are faxing your application, please fax this form and a copy of your required identification to the Office of the Registrar, 419.530.4828. Your name must match the name indicated on the required form of identification.