



Graduate School of Biomedical Sciences

Name Change Form

Former Name _____

New Name:

First Name(s): _____

Middle Name(s): _____

Last Name(s): _____

How would you like your name to appear on your student profile page on the website? _____

Required Documentation: To change your name, a copy of your marriage license (if it has your new name on it), a copy of your driver's license with the new name, or a new social security card must be provided. **If you choose to submit a copy of a Social Security card, please redact the Social Security number.**

Please submit this form and documentation to the Dean's Office, MedEd 813.

Signature: _____ Date: _____