

SAMUEL MERRITT UNIVERSITY
Office of the Registrar

CHANGE OF NAME

Please type or print in ink.

Date: _____

ID #: _____

Former Name: _____

New Name: _____

Reason: _____

*****Important: Please be advised that no name change can be effected unless legal documentation is submitted at the same time. Acceptable documentation may include a copy of a marriage license or an order issued by the court to change a name.***

If you have your graduation candidacy under your former name, do you want your diploma to reflect your name change? _____ Yes _____ No

Date change is effective: _____

Entered by: _____