

**SCHOOL OF GRADUATE STUDIES
REQUEST TO RECORD CHANGE OF NAME
ON MCMASTER STUDENT RECORDS**

NAME PRIOR TO CHANGE					
FIRST NAME(S)		FAMILY NAME		STUDENT #	

NAME AFTER CHANGE					
FIRST NAME(S)		FAMILY NAME			
DATE OF BIRTH		PROGRAM		DEGREE	

ADDRESS					
STREET					
CITY		PROVINCE /STATE		POSTAL/ZIP CODE	
COUNTRY					
TELEPHONE #					
EMAIL ADDRESS					

ATTACHED IS A TRUE AND CORRECT COPY OF A LEGAL DOCUMENT TO SUBSTANTIATE ABOVE REQUEST FOR CHANGE OF NAME (EXAMPLES: BIRTH CERTIFICATE, MARRIAGE CERTIFICATE, COURT ORDER, PASSPORT)

STUDENT'S ATTESTATION AND AUTHORIZATION:		DATE:	
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PLEASE SIGN WITH "NEW" NAME