

California State University SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

Tel: 760.750.4814 Fax: 760.750.3700 www.csusm.edu/enroll/ registrar@csusm.edu

NAME CHANGE

NOTE: If you have ever been previously employed by the University (student assistant, staff, faculty, administrator, etc.), you must contact the Human Resources & Equal Opportunity Office.

Instructions:

For Office Use Only:

Date Processed: Staff Initials:

A current copy of legal documentation is required, such as a marriage license, driver's license, or passport, which you would like to appear on your official academic record.

This request authorizes the University to update your name on your academic record, your diploma, and name in the commencement program (Note: Name changes must be received prior to the commencement application deadline in order to have your new name reflected in the Commencement Program).

Completed forms are accepted by the Office of the Registrar in person at Cougar Central located in Craven Hall 3900, by mail, by fax, or as an email attachment to registrar@csusm.edu

| Address: | | CSUSM Email: | @cougars.csusm.edu |
|--|-------------------|--|--|
| | | Contact Phone Nu | Contact Phone Number: |
| City: | State: Zip | : | |
| New Name: | Last | First | Middle |
| Former Name: | Last | First | Middle |
| be used for fraud | ulent purposes ar | | ect and this name change will not ange. Furthermore, I understand nanent record. |
| By typing or signing above is true and cor | | , I hereby certify that the informa | tion I have given you in the application |
| | | Date: and submitted electronically must | t be submitted from the student's CSUSM |

Updated 03/19/2020

Office of the Registrar