

## California State University SAN MARCOS

Office of the Registrar California State University San Marcos 333 S. Twin Oaks Valley F

333 S. Twin Oaks Valley Road San Marcos, CA 92096-0001

Updated 03/19/2020

Office of the Registrar

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 or as an email attachment to <a href="mailto:registrar@csusm.edu">registrar@csusm.edu</a>

Student ID:			_ CSUSM Email:		@coug	@cougars.csusm.edu	
			Contact Phone Number:				
City:	State:	Zip:					
New Name:	Last		First		Middle		
Former Name:	Last		First		Middle		
Update Legal Ge	ender to:	Male		Female			
I declare that the be used for fraudu that this change w	ılent purpo	ses and represe	nts a bo	nafide change.	Furthermore,		
By typing or signing n above is true and corr	-	his line, I hereby ce	rtify that	the information I h	ave given you in	the application	
Student Signature For verification purpos email address.	e: ses all forms s	signed and submitte	ed electro	Date: nically must be sub	omitted from the s	student's CSUSM	