



Office of the Registrar
333 S. Twin Oaks Road, Craven 3900
San Marcos, CA 92096
Phone: 760-75-4814 Fax: 760-750-3700

PREFERRED NAME CHANGE REQUEST FORM

Complete and submit this form to request a preferred **first** name change that will display on class and grade rosters, your student ID, and your CSUSM email. If at anytime the preferred name is to be changed to a legal name, print and complete the Name Change Form at http://www.csusm.edu/enroll/allforms/name_change_form.pdf and bring it to the Office of the Registrar for processing.

FILL IN THE INFORMATION BELOW. PLEASE PRINT CLEARLY.

STUDENT'S LEGAL NAME:

Last Name: _____

First Name: _____ Middle Initial: _____

CSUSM Email: _____

CSUSM Student ID Number: _____

STUDENT'S PREFERRED NAME:

Preferred First Name: _____

Submit this complete form to:

Office of the Registrar
Cougar Central, Craven 3900

Your request will be reviewed and you will be notified of a decision via email.

I certify the above information is true and accurate. This change of first name will not be used for fraudulent purposes and represents a bona fide change in the sense that it is to be used consistently.

I authorize the Office of the Registrar to make the changes requested in this document.

Signature _____ Date _____

For Review Committee Use Only:

Date received: _____

Approved

Denied

Approved Designees Signature _____ Date _____