

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

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

NAME AFTER CHANGE				
FIRST NAME(S)		MIDDLE NAME(S)		FAMILY NAME(S)
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; STUDY PERMIT)			
STUDENT'S ATTESTATION AND AUTHORIZATION:		DATE:	
PLEASE SIGN WITH "NEW" NAME			