

CHANGE OF NAME

Return To: *Registrar's Office, 224 South Hall*

LAST NAME FIRST MIDDLE STUDENT ID

CHANGE NAME TO: _____

CHECK ONE: MARRIED NAME: _____

(Copy of marriage license required to change from maiden to married name.)

MAIDEN NAME: _____

(Copy of court order is required to change from married to maiden name.)

UPDATE EMAIL/WEBADVISOR TO REFLECT NEW NAME: _____ YES _____ NO
Please Note: CT will be contacting you via MU email to coordinate change.

Signature

Date