

**CHANGE OF NAME APPLICATION**



**FAIRLEIGH  
DICKINSON  
UNIVERSITY**

**Florham Campus  
285 Madison Avenue, M-MS0-04  
Madison, NJ 07940  
Phone: (973) 443-8600  
Fax: (973) 443-8616**

**Metropolitan Campus  
1000 River Road, T-KB1-05  
Teaneck, NJ 07666  
Phone: (201) 692-2472  
Fax: (201) 692-2209**

Required: 2 forms of documentation (must be clear/readable copies)

- Official court document indicating legal name change (ex: marriage/divorce/naturalization)
- Photo Identification (i.e. driver's license, passport – with CORRECTED name)

**Current Name:** \_\_\_\_\_ **Student ID #:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **E-Mail** \_\_\_\_\_

Request Name be changed to: \_\_\_\_\_

**TO BE COMPLETED BY THE OFFICE OF ENROLLMENT SERVICES**

ACADEMIC PROGRAM: \_\_\_\_\_ (√) \_\_\_\_\_ Proof of ID, if at received at counter

checked 2 forms of documentation (the name is already corrected on these documents)

**CURRENT STUDENT**

Current student – corrected in SPRO on: \_\_\_\_/\_\_\_\_/20\_\_\_\_ by: \_\_\_\_\_

Check SGRD \_\_\_\_\_ Process, make a copy & give it to the appropriate Graduation Specialist

Filed: Current student folder

**ALUMNI**

IASU – Date of graduation: \_\_\_\_/\_\_\_\_/20\_\_\_\_

FNM \_\_\_\_\_ if alumni, name populates – change to reflect on TRANSCRIPT ONLY

Filed: Alumni folder

Updated: 1/10/18 ms