FAIRLEIGH DICKINSON UNIVERSITY

CHANGE OF NAME APPLICATION

Metropolitan Campus
1000 River Road
Teaneck, New Jersey 07666
T-KB1-05
Phone: (201) 692-2214
Fax: (201) 692-2209

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

Registrar@fdu.edu

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

☐ Save to SoftDocs

ALUMNI

☐ IASU – Date of graduation: ___/___/20___

☐ FNM ____ if alumni, name populates – change to reflect on TRANSCRIPT ONLY

☐ Save to SoftDocs (If Applicable)