



Public Health & Professional
Degree Programs

Official Name Change

Former Name:

New Name:

Required Documentation: To change your name, a copy of your marriage license or new social security card must be provided to process the change.

Please submit this form and documentation to the PHPD Registrar at 136 Harrison Avenue, Suite MV142.

Date: _____

Signature: _____

Date Processed: _____

By: _____

File in student's file.