

NAME CHANGE FORM

* Name change will only be processed if accompanied by required documentation*

Student Information

Student Number		NOSM U Email	
Telephone Number		Date	

Previous Name on File

Title (Mr., Mrs., Ms.)		First Name	
Middle Name		Surname	

New Name with Documentation

Title (Mr., Mrs., Ms.)		First Name	
Middle Name		Surname	

As per the information noted above, I hereby request that the change in name be recorded on my student record at NOSM University. This change of name will be reflected on my official transcript, degree/parchment/certificate, etc. unless otherwise changed after this date.

I have attached a copy of the document (select one) which provides proof of my name change:

- Proof of Marriage/Divorce (with Legal or Formal Name Change)
- Official, Legal Name Change
- Passport
- Other government issued document (e.g. Driver's Licence, Health Card, etc.)

Student Signature

Date (yyyy/mm/dd)

Please return the completed form to the Office of the Registrar

Fax: 807-766-7485

Email: Registrar@nosm.ca