

# University of Central Missouri Name Change Application

**If you are:**

- A new/returning student (first semester)
- A graduate student
- A current/continuing undergraduate

**Turn this form into:**

- Office of Admissions, WDE 1400
- Graduate School, WDE 1800
- Registrar's Office, WDE 1000

Must submit notarized verification(s), i.e. Marriage Certificate, Court Document, etc. for consideration.

From:

\_\_\_\_\_

Last

First

Middle

To:

\_\_\_\_\_

Last

First

Middle

Student social security number \_\_\_\_\_

Student number \_\_\_\_\_

(Begins with 700, if you do not know your student number you can look it up at [https://www.ucmo.edu/infoserv/webapps/student/banner\\_id/](https://www.ucmo.edu/infoserv/webapps/student/banner_id/))

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Notice: If you **DO NOT** want your name and address to appear in the Campus Directory, please contact the Office of Students Affairs, Administration 214.

For office use only

Processing Date \_\_\_\_\_ Initial \_\_\_\_\_ Registrar \_\_\_\_\_ Housing \_\_\_\_\_