



WON INSTITUTE OF GRADUATE STUDIES

Change of Name Form Submit to: Department of Enrollment Management

Phone: _____

Email: _____

Former Name		
_____	_____	_____
Last	First	Middle

New Name		
_____	_____	_____
Last	First	Middle

Proof of name change:
Requires government-issued identification, such as a valid driver's license, social security card, or voter registration card, or marriage certificate.

Identification provided:

<input type="checkbox"/> _____	Office Use Only	Verified Identification	Initial _____
<input type="checkbox"/> _____			
	Y <input type="checkbox"/>		
	N <input type="checkbox"/>		

- Address changes may be completed in Populi
- Please visit the Registrar's desk to update an e-mail address.
- Form must be signed in the presence of full-time staff member.

Student Signature

Date