

 <b>School of Pharmacy</b> TEMPLE UNIVERSITY Quality Assurance/Regulatory Affairs <small>Graduate Program</small>	<b>Temple University - School of Pharmacy</b> <b>425 Commerce Drive, Suite 175</b> <b>Fort Washington, PA 19034</b> <b>Phone: 267.468.8560 Fax: 267.468.8565</b>
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**NAME CHANGE REQUEST FORM**

If you wish to change your name in Temple’s records, complete and mail this form to: QA/RA Graduate Program, 425 Commerce Drive, Suite 175, Fort Washington, PA 19034. We can process only an original copy. Sorry, but faxed copies cannot be accepted or processed. The University requires that you **include a copy of the legal name change document** (e.g., a marriage license or divorce decree) unless the change is due to a typographical error.

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TUId Number \_\_\_\_\_

**Current Name - Print your current name**

\_\_\_\_\_, \_\_\_\_\_ MI  
 Last Name First Name

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**Former Name – Print your former name as it currently appears on your records.**

\_\_\_\_\_, \_\_\_\_\_ MI  
 Last Name First Name

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**REASON FOR CHANGE** (Official documentation must be attached.)

- \_\_\_\_\_ Married
- \_\_\_\_\_ Resumption of Maiden Name \_\_\_\_\_ Legal Name Change
- \_\_\_\_\_ Error (explain) \_\_\_\_\_
- \_\_\_\_\_ Other \_\_\_\_\_

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**STATUS**

Last semester attended \_\_\_\_\_  
 School/College \_\_\_\_\_  
 Degree & Date (if applicable) \_\_\_\_\_

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**CERTIFICATION**

I, \_\_\_\_\_ hereby certify that I was formerly known as \_\_\_\_\_, and under that former name, Temple University maintained my scholastic records. Hereafter, please maintain my records under my current name.

**YOUR SIGNATURE (required)** \_\_\_\_\_ Date: \_\_\_\_\_

**IMPORTANT**

If you have an application for admission pending with a program at Temple University other than the School of Pharmacy, you must notify the appropriate admissions office of your new name.

