



School of Pharmacy
 TEMPLE UNIVERSITY

**Regulatory Affairs and Quality Assurance
 Graduate Program**

Temple University School of Pharmacy
 Regulatory Affairs and Quality Assurance Graduate Program
 425 Commerce Drive, Suite 175
 Fort Washington, PA 19034
 Phone: 267.468.8560 Fax: 267.468.8565

NAME CHANGE REQUEST FORM

If you wish to change your name in Temple's records, complete and mail this form to: Temple University School of Pharmacy, RAQA 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.

TUId Number _____

Current Name - Print your current name

_____, _____ MI
 Last Name First Name

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

_____, _____ MI
 Last Name First Name

REASON FOR CHANGE (Official documentation must be attached.)

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

STATUS

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

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.

