

Name Change Form –
International Students

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www.kgi.edu



School of Applied Life Sciences | 1997
School of Pharmacy | 2013

All name change requests must be submitted with an original or a certified copy of your passport page. You must meet with the international student advisor with a copy of your updated passport showing the name change before submitting this form to the Registrar's office. We do not require documentation to add/delete a hyphen, space, apostrophe, or to abbreviate a middle name to initial; simply contact the Registrar's office if this is your request.

DATE: _____ PROGRAM: _____ CLASS YEAR: _____

FORMER NAME:

LAST NAME: _____

FIRST NAME/INITIAL: _____

NEW NAME:

LAST NAME: _____

FIRST NAME/INITIAL: _____

REASON FOR NAME CHANGE: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

TO BE COMPLETED BY KGI OFFICIALS

INTERNATIONAL STUDENT ADVISOR'S INITIALS: _____ DATE: _____

REGISTRAR'S INITIALS: _____ STUDENT FILE: _____ TRANSCRIPT: _____

DOCUMENT ATTACHED: (YES/NO) _____