

203 Rowland Hall · 4190 City Ave · Philadelphia, PA 19131
Tel: 215-871-6704 · Fax: 215-871-6649 · registrar@pcom.edu · www.pcom.edu

**This Form Must be Accompanied by an
Original Legal Documentation of Your New Name**
(Marriage Certificate, Divorce Decree or Legal Name Change Certificate)

Current Name Information Please PRINT

Current Name: _____
Last First Middle

SSN/Banner ID: _____ Date of Birth (mm/dd/yyyy): ____/____/____

Email: _____ Phone Number: (____) _____ - _____

Program/Degree: _____ Anticipated Graduation Date: _____

Campus Attending: Philadelphia Georgia

Are you currently enrolled at PCOM? Yes No: Last Date Attended: _____

New Name Information: Print your new name exactly the way it should appear on your records

NEW Name: _____
Last First Middle

Effective Date for Name Change (mm/dd/yyyy): ____/____/____

Legal Documentation of this name changed is attached.

Signature: _____ **Date:** _____

REGISTRAR'S OFFICE USE ONLY BELOW

Date Processed _____ By _____