

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

Student Information:

Name: _____ Banner ID: _____
Program/Degree: _____ Date of Birth (mm/dd/yyyy): ____/____/____
Email: _____ Phone Number: (____)_____
Anticipated Graduation Date (Current Students): _____ Graduation Date (Alumni): _____
Campus Attended: Philadelphia Georgia South Georgia

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

NEW Name: _____
Last First Middle

Students may change the name on their academic record for the following reasons: Marriage, Divorce, Legal Name Change, or Correction of an Error. Two copies of legal documentation bearing the revised name are required, one of which contains a photograph.

Driver's License Birth Certificate Court Issued Document
 Passport Marriage License Divorce Decree

New Home Address:

Address Valid Beginning this Date: (mm/dd/yyyy): ____/____/____
Street Line 1: _____
Street Line 2: _____
Street Line 3: _____
Apt #/Unit: _____
City: _____ State or Province: _____ Zip or Postal Code: _____
Nation (if not USA): _____
Home Phone: (____) ____ - ____ or International Access Code and Phone number: _____
Mobile Phone: (____) ____ - ____
Emergency Contact Name: _____ Relationship to Student: _____
Home Phone: (____) ____ - ____ or International Access Code and Phone number: _____

STUDENT'S SIGNATURE BELOW

Signature: _____ Date: _____