

COMMONWEALTH UNIVERSITY OF PENNSYLVANIA
PREFERRED NAME REQUEST FORM

Current Legal Name: _____
First M.I. Last

Student ID Number: P _____ Email: _____ Cell Phone: _____

Local Address: _____
Street

City State Zip

Requested Preferred Name: _____
(ONLY A STUDENT'S FIRST and/or MIDDLE NAME MAY BE REQUESTED)

Student Status: _____ Undergrad _____ Graduate _____ Undergraduate Non-Degree _____ Alumni

Do you want your campus email address to change? ___ YES ___ NO (*NOTE: Requesting an email address change will result in student's previous email account being removed and all messages will be lost)

Reason for Requested Name Change:

By submitting this form, I have read and understand the Preferred Name Policy and am agreeing to have Commonwealth University of Pennsylvania officially change my name (first and/or middle only) to the preferred name listed above for internal Commonwealth University of Pennsylvania identification purposes only. Furthermore, I understand that Commonwealth University of Pennsylvania reserves the right to deny my chosen preferred name if my preferred name is deemed offensive, inappropriate for University use or not in the spirit of the policy.

Student Signature: _____ Date: _____

Requests are to be submitted to the Office of the Dean of Students.

Office Use Only

Approved:
Denied:
Action Date: