



GRADUATE LIBERAL STUDIES PROGRAM

NAME CHANGE FORM

Keep copies of everything you submit in case something gets lost in the mail.
For more information, see www.wesleyan.edu/glsp

PERSONAL INFORMATION

Wesleyan ID#: _____

Current name: _____

Address: _____

City, State, Zip: _____

CHANGE OF NAME REQUEST

Former name: _____
(first) *(middle)* *(last)*

New name: _____
(first) *(middle)* *(last)*

Student signature: _____ Date: _____

I attest that the above name change is the name that I will hereafter be known by.

NOTARIZATION OF NAME CHANGE

Sworn to before me on this date: _____ Notary's signature: _____

Official Notary Seal:

Further information regarding the GLSP name change policy is available within the GLSP Student Handbook at http://www.wesleyan.edu/glsp/current/formslibrary/Student_Handbook_0910.pdf

GLSP OFFICE USE ONLY
Date processed: _____
Processed by: _____