



Name Change Form

Missouri University of Science and Technology
Office of the Registrar

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PLEASE CONTACT HUMAN RESOURCES IF YOU ARE AN EMPLOYEE OF THE UNIVERSITY OF MISSOURI SYSTEM.

PLEASE PROVIDE THE LEGAL DOCUMENT THAT APPLIES:

- Passport
- Birth Certificate
- Marriage License
- Divorce Decree
- Legal Name Change Document
- I-94 (Required for all International Students)

Change Name from: _____
Last Name First Name Middle Name

Change Name to: _____
Last Name First Name Middle Name

Name Change Name Correction

Missouri S&T Student ID: _____

Social Security Number: _____

Are you currently enrolled at Missouri S&T? _____

Undergraduate Student Graduate Student

Major Department: _____ Advisor: _____

Student's Signature

Date

Hard Copies sent to:

Major Department
Infirmary
International Affairs (if applicable)

Email sent to:

Student	Univ. Advancement
Instructors	Housing
Cashier's	Police
Student Loans	Financial Aid
Admissions	Advisor
Office of Graduate Studies (if applicable)	

COPIES OF YOUR LEGAL DOCUMENTS WILL NOT BE DISTRIBUTED