Virginia Tech
Graduate School

NAME CHANGE FORM

In order to process a name change, the Graduate School requires legal documentation reflecting your new name. Please provide a copy of *one* of the following from section A **and** *one* from section B:

Section A
- birth certificate
- corrected Social Security card
- marriage certificate
- divorce decree
- court order
- naturalization papers
- passport ID change

Section B
- driver's license
- Hokie passport
- other: _____

Please note that if you are making this request by mail, all supporting documentation must be notarized.

PERSONAL INFO

Previous Name

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Student ID Number: _____

Date of Birth: _____ month/day/year

E-mail Address: _____ *@vt.edu* account, preferred

Daytime Phone: _____ ☐ Home ☐ Office ☐ Mobile

Local Address

_____

_____

_____

_____ city state zip country

Citizenship
☐ U.S. CITIZEN ☐ PERMANENT RESIDENT ☐ NON-RESIDENT ALIEN*
**If non-resident alien, please list your visa status:* _____

Current Program

_____

First Term of Enrollment
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Anticipated Completion Term
☐ FALL ☐ SPRING ☐ SUMMER I ☐ SUMMER II _____ year

Degree Level
☐ DOCTORAL
☐ EDUCATION SPECIALIST
☐ MASTERS
☐ GRADUATE CERTIFICATE
☐ NON-DEGREE
☐ COMMONWEALTH CAMPUS

Campus
☐ BLACKSBURG ☐ HAMPTON ROADS ☐ NATIONAL CAPITAL REGION ☐ RICHMOND
☐ ROANOKE ☐ SOUTHWEST VIRGINIA ☐ VIRTUAL

REQUIRED INFO

New Name

LAST/FAMILY NAME _____ FIRST/GIVEN NAME _____ MIDDLE NAME _____ SUFFIX _____

Are you currently or have you ever been employed by Virginia Tech (i.e. assistantship, wage, work-study, salaried)? ☐ YES ☐ NO

If a student is currently or has ever been employed by Virginia Tech, they must provide a copy of their corrected Social Security card in addition to the information requested before the name change can be processed. If a copy of the Social Security card is not received, the name change will not be processed.

Please sign below. Requests cannot be processed without a full legal signature.

STUDENT SIGNATURE _____ date _____

SIGNATURE

Required Signature

DEPARTMENT CONTACT (GRADUATE STAFF COORDINATOR) signature _____ e-mail _____ date _____

Return your completed form to:
Graduate School
Graduate Life Center
at Donaldson Brown
Virginia Tech (0325)
Blacksburg, VA 24061
Fax: 540/231-2039

Questions? Call 540/231-8636 or e-mail *gradappl@vt.edu* for assistance.