



GEORGIAN COURT UNIVERSITY

A tradition of excellence...a future of success

OFFICE OF THE REGISTRAR

Change of Name, Address, or Telephone Number

Student ID: _____

Current Name on Record: _____

NAME CHANGE

Prefix: Mr. Mrs. Ms. Miss Other: _____

Desired First Name: _____

Desired Middle Name: _____

Desired Last Name: _____

Original Documentation Rec'd

Office Staff Initials

Date

ADDRESS CHANGE

Home Address: _____ Apt# _____

City

State

Zip Code

County (NJ Only)

Telephone: Home: (____) _____ - _____

Work: (____) _____ - _____

Cell: (____) _____ - _____

E-mail Address: _____

Please check here if you are an F1 International Student: