

REGISTRAR STAFF ONLY

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Date Received: _____

Received By:____

Date Processed: _

Preferred Name Request

Students are encouraged to communicate with their instructors, classmates and University staff if they have a preferred name they would like to be addressed by. Students may also choose to complete this form if they would like to formally notify the University of their preferred name.

- The completed form must be submitted in person to the Office of the University Registrar along with a photo ID. Second party or electronic submission of a preferred name request will not be accepted.
- This request will not change a student's legal name with the University, and it will not conceal a legal name from University rosters or records.
- The preferred name can be changed no more than once an academic year.
- Inappropriate use of the preferred name, including but not limited to misrepresentation or attempting to avoid legal obligations, may be cause for denying this request.
- The preferred name will be included in CAMS and CANVAS systems but may not be reflected in all areas or modules.
- A preferred name will not appear on official documents, including transcripts and diplomas.
- A preferred name will not update your student ID card, email address or other University system login credentials.
- If your request for a preferred name change occurs during the semester, it is your responsibility to notify your instructor(s) in writing so that grades are assigned properly.
- Please allow up to five (5) business days for processing.

Student Information:

Student UID:	Date of Birth/	/		
Name as it currently appears on official Florida Polytechnic University records:				
Last Name:	First Name:	Middle Initial:		
Preferred Name:				
My signature below certifies that I acknowledge the above information and that the information have provided on this form is true and accurate to the best of my knowledge.				

Student's Signature:	Da	ate: _		
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