



CALIFORNIA
STATE UNIVERSITY
NORTHridge

Office of the Registrar, CSUN
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Northridge, CA 91330-8207
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Email: uds@csun.edu
www.csun.edu/current-students/graduation

Diploma Name Change Request

Use this form to request a change to your "Diploma Name." **If the name that appears on your University record is the same as the name you would like on your diploma, you do not need to submit this form.**

NOTE: Your Primary/Legal name will continue to be used on official CSUN transcripts.

LEGAL NAME: Enter your full legal name as it appears on your University record. Print clearly.

Full Legal Name: _____

CSUN ID (9-digit):

Anticipated Date of Graduation:

☐ Fall Year: _____

☐ Spring Year: _____

☐ Summer Year: _____

DIPLOMA NAME: Print or type your name below as you wish it to appear on your diploma and include any appropriate diacritical marks (~, ^, ` , etc.). Clearly indicate the position of diacritical/accent marks to avoid misspellings.

First Name: _____ Middle Name or Initial: _____

Last Name: _____

I certify the above information is true and accurate. I authorize the Office of the Registrar to make the changes requested in this document.

Student's Signature: _____ Date: _____

OFFICE USE ONLY

Processed (Y/N) _____ Date _____ By _____ Comments _____