

Office of the Registrar

P.O. Box 20036—UCT2250 Houston, TX 77225 (713)500-3361 Fax: (713)500-3356

Diploma Name Change

For Academic program, only. Do not use this form if you are a MD or DDS student.

Complete this form after submitting the Application for Graduation online in the myUTH student portal. If you have questions regarding how your diploma name may be styled, see the Registrar's Office web site at

https://www.uth.edu/registrar/current-students/graduation/name-style-in-diploma.htm

Please submit the typed or hand printed form using black ink.

	☐ Fall (Dec		Awarded: Spring (May)	☐ Summe	r (August)	Of Year (YY	YYY):
7-digit S	tudent ID		——Nam	ne (Last, Firs	st Middle)			
		_		•	·	_	_	
School:	□-SBMI	□-GSBS	□-son	□-SPH	□-SOD	□-MED	□-MDA SHP	□-Tyler HSC
	-	name legibly <u>n diploma</u> as indi		•		-	ed for name change.	
First Name			Middle Name			Last Name		Suffi
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