

# CHANGE OF OFFICIAL NAME



Please return to:  
Student Governance Centre  
CQUniversity Australia  
Building 2, Bruce Highway  
Rockhampton QLD 4702  
Email: sgc@cqu.edu.au

Student number

## EXISTING NAME

Title  Mr  Mrs  Ms  Miss  Dr  Other

Family name   
Given name(s)

## NEW NAME

Title  Mr  Mrs  Ms  Miss  Dr  Other

Family name   
Given name(s)

I hereby declare that the above information is true and correct as of the date below and that this information shall remain valid until I provide notice in writing of any change.

Existing signature

Date  /  /

New signature

Date  /  /

Note: Please provide relevant documentation when changing family name (eg: Marriage Certificate).  
All copies of documentation **must be certified**.

Do you wish to change your preferred name as recorded in the student records system?  Yes  No

## PREFERRED NAME

Title  Mr  Mrs  Ms  Miss  Dr  Other

Family name   
Given name(s)