



Office of the Registrar

Change of Personal Information

PERSONAL DETAILS

Current Student's name _____

Student ID _____ NU School _____

Major _____ Year of study _____

Level Undergraduate Graduate

Contact Info (mobile phones) _____

SELECT CHANGES BELOW AND ATTACH COPIES OF REQUIRED DOCUMENTS

Change of name:

Last name _____ First name _____

Middle name _____ Suffix _____

REQUIRED FOR NAME CHANGE: Passport/Identification document/ marriage certificate

Change of birth date: ____/____/____

REQUIRED FOR CHANGE OF DATE OF BIRTH: copy of birth certificate/ passport/ Identification document

I certify that I am responsible for any change made to my personal information record

Student Signature _____ Date _____

Office of the Registrar use only

Processed by:

Date: