



SACRED HEART JUNIOR COLLEGE

Excellence, Innovation, Productivity

OFFICE OF THE REGISTRAR

EMAIL the REGISTRAR: laura@shjc.edu.bz, melissa@shc.edu.bz

Or visit Our Website: <http://www.shjc.edu.bz>

APPLICATION FOR NAME CHANGE

Instructions: This application is to be completed by students whose name differs from that of the records on the Registrars Database. Please provide the information requested and attach an official document then return to the Office of the Registrar.

State Name as in Official Document

LAST NAME	FIRST NAME	MIDDLE NAME
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State Name as in Registrar's Database

LAST NAME	FIRST NAME	MIDDLE NAME	STUDENT ID
PROGRAM		DATE (dd/mm/yyrr)	
CONTACT INFO	HOME PHONE	MOBILE PHONE	
EMAIL ADDRESS		OFFICIAL DOCUMENT PRESENTED	

COMMENT ON YOUR REASON(S) FOR CHANGING NAME

_____ Student's Signature	For Official Use:
_____ Date (DD/MM/YYRR)	<input type="checkbox"/> Change has been made on Reg Database
	Date: _____
	Updated By: _____