

Request for Use of Faculty Professional Name

This form can be filled out with Adobe Acrobat and then printed for signature.
Any questions may be directed to the Records Section 979-845-1003 or records@tamu.edu.

UIN: _____ Date of Birth (for record matching purposes only): _____

Department: _____

Name as it currently appears in the student information system: _____

Professional Name: _____ (to be verified by the Dean of Faculties)

With my signature, I request my current faculty name in the student information system be changed to match my Professional Name on Record with the Dean of Faculties.

Signature: _____

Date: _____

For Dean of Faculties Use Only

Certification of professional name listed above for faculty use:

Signature: _____ Date: _____

For Records Office Use Only

Date Received: _____ Processed By: _____

Date Entered in Compass: