

Please use **CAPITAL** letters  
when completing form



**THE UNIVERSITY OF THE WEST INDIES**  
**ST. AUGUSTINE**  
**CHANGE OF NAME FORM**

Please email request form to [admis@sta.uwi.edu](mailto:admis@sta.uwi.edu)

ID Number \_\_\_\_\_ Faculty/School \_\_\_\_\_ Programme \_\_\_\_\_

NAME (Prior to change) \_\_\_\_\_  
Surname Middle Name First Name

NEW NAME \_\_\_\_\_  
(To be recorded and used) Surname Middle Name First Name

Marital Status (Please Tick )  Single  Married  Divorced Date of Birth \_\_\_\_\_

Contact No. \_\_\_\_\_

If your change in Name is due to a change in Martial Status, please enclose copy of Marriage Certificate.  
If change is for any other reason please enclose copy of Affidavit/Deed Poll Document

\_\_\_\_\_  
*Signature*:.....

\_\_\_\_\_  
*Date*:.....