Miami Dade College

OFFICE OF THE COLLEGE REGISTRAR
PREFERRED NAME FORM

MDC ID#: _____   Date: _____

MDC E-mail: _____   Campus: _____

Phone Number: _____

Name on MDC Records: _____
                                   Last   First   Middle

Preferred First Name: _____

You may submit the Preferred Name Form at any time. Your request will take effect within seven (7) business days of receipt of the Preferred Name Form. **Your preferred name will take effect at the beginning of the following term.**

    I would like to remove my preferred first name and revert to my first name on MDC records.

I authorize the above changes: _____ **Date:** _____
                                        Student's Signature

FOR OFFICE USE ONLY

Received by:	Date:
Processed by:	Date:

A&R Form – 10/2020