



**Registrar’s Office/Administrative Services Center**

Chyngyz Shamshiev \_\_\_\_\_  
Vice President/ Chief Operating Officer

Chynarkul Ryskulova \_\_\_\_\_  
Vice President for Academic Affairs

**Application for Name change**

I request to change my name from \_\_\_\_\_

to \_\_\_\_\_.

Copy of new passport is attached.

**Initiator:**

№	Student’s Name	Student’s ID	Program	Year of study	Signature	Date
1.						

**Approved by:**

№	Name	Position	Signature	Date
1.		Head of Division/Program Chair		
2.		Head of Registrar’s Office (110)		
3.		Senior Accountant (T15)		
4.		Head of Financial Aid office (237)		

**Received by:**

№	Name	Position	Signature	Date
1.		Administrative Services Center (234)		