



**UNIVERSITÄT
BIELEFELD**

Dezernat Studium und Lehre

Change / correction of name (please attach appropriate evidence)

Name: _____ Matriculation no: _____

Last name

First name (with additions, where applicable)

Birth name:

I am employed by Bielefeld University at the same time.

▶ If yes:

I am aware that I must also immediately notify the department P/O of Bielefeld University of the change/correction of the name.

Date

Signature

Edited:

Date:

Recorded/Reviewed:

Date: