



Student's Details:

	COURSE	NAME IN BLOCK CAPITALS	SIGNATURE
Student			

Current Title of Thesis/Dissertation:

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New Proposed Title of Thesis/Dissertation:

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Student to give detailed reasons for requesting a change in title:

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Comments by Supervisor:

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Supervisor's Details:

	NAME IN BLOCK CAPITALS	SIGNATURES
Supervisor		

FOR OFFICIAL USE

Your request: has been accepted has been rejected

Approved Title and any other additional comments, if any:

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Date		
Day	Month	Year

Director (Signature)