



Request form for a minor change in Dissertation Title

Student's Details		
Name (block capitals)	Course Group	Signature

Current Title of Dissertation

New Proposed Title of Dissertation

Student to give detailed reasons for requesting a change in title	
Supervisor's Name (block capitals)	Signature

FOR OFFICIAL USE				
Your request:	<input type="checkbox"/>	has been accepted	<input type="checkbox"/>	has been rejected

Approved title and any other additional comments, if any:

Date

Director (Signature)